

Glamorgan County Council.

EDUCATION COMMITTEE.

Annual Report

OF THE

Principal School Medical Officer

ON

**Medical Inspection of Children in Maintained Primary and
Secondary Schools for the Year 1961**

W. EVAN THOMAS, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.

**CARDIFF:
WILLIAM LEWIS (PRINTERS) LTD.
1962**



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28844920>

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The Annual report on the work of the School Health Service during 1961, which I have pleasure in presenting, has been prepared by my Deputy, Dr. R. T. Bevan, from the statistical returns and information supplied by the Divisional Medical Officers, including also a report prepared by Dr. R. B. Morley-Davies, District School Medical Officer for the Rhondda Excerpted District.

The only major change during the year was the discontinuance of the routine medical inspection of the intermediate age group. This examination has been replaced by periodic surveys carried out by medical officers and school nurses who, in consultation with the head teacher of the school and the teaching staff, ascertain those children with apparent deviation from the normal pattern, e.g. lack of progress, listlessness, abnormal behaviour, etc., either in class or during play. The object is, of course, to devote more time to children with defects rather than to normal healthy children, and it is with satisfaction I am able to report that the general health of pupils is better than ever before. A malnourished child is rarely seen but, on the other hand, obesity, particularly in older girls, is more common.

The medical officers have had to adapt themselves to the change in routine which has been accepted with mixed feelings, but it is generally agreed that, as many of the defects previously discovered during routine medical inspection were already known to the family doctor, the new procedure focuses the attention on those conditions requiring attention. Experience and skill are needed, however, and this is particularly so where behaviour problems are concerned, as it is often no easy matter to sort out the normal exuberance of a healthy child from those minor deviations in behaviour which may later require attention at a child guidance clinic.

In co-operation with the Education Department, some progress was made during the year in establishing a Child Guidance Service despite the shortage of trained staff. Consultations have also taken place with the Welsh Regional Hospital Board with a view to arranging facilities to cover the whole of the County. Dr. K. W. Aron, the Consultant Psychiatrist, saw 475 children in his clinics at Bridgend, Pontypridd, and Neath.

The report of Dr. Phillip Williams, one of the Educational Psychologists, on the adjustment classes which commenced at Port Talbot in February is of particular interest.

Although, unfortunately, Dr. Williams has left the Service to take up a new appointment, this experiment is proving worth-while and is showing beneficial results. "The Lindens" Hostel, Penarth, continues to treat those more disturbed children who cannot be dealt with by regular visits to a child guidance clinic, and the Warden, Mrs. Matthews' report gives an account of the year's work.

The ascertainment of handicapped pupils, including the maladjusted, continues to be a major function of the School Health Service and I once again pay tribute to the understanding care and attention given to those pupils resident in the special schools provided by the Education Committee. The head teachers have kindly contributed details of the schools' activities and achievements during the year and I am grateful to them for their continued co-operation. Unfortunately, it will be the last report which Mr. I. G. Anderson will write on "The Hendre" School for Educationally Subnormal Boys, as after eight years as head teacher since "The Hendre" was opened he has taken up new duties at another school.

The Principal School Dental Officer, Mr. H. P. R. Williams, L.D.S., once again draws attention to the staffing problems in the School Dental Service, now reduced to a mere skeleton of its former self. At the end of the year there were only two whole-time dental officers in the Service, including himself, the remainder of the dental staff being part-time sessional officers. Until such time as the proposed new dental school in Cardiff has been in existence long enough for the first students to qualify, the outlook for any improvement in recruitment of dental officers is bleak and, unfortunately, in parts of the County the number of dentists in private practice is insufficient to provide an adequate dental service. The teaching of dental hygiene is, therefore, of the greatest importance in the hope of preventing dental caries in school children, and the school nurses have been asked to pay particular attention to this in their talks. The eating of sweets and snacks between meals is one of the more important causes of dental decay, but it is no easy matter to curb the appetites of healthy children for them.

In conclusion, I thank the Chairman and members of the Education Committee for their continued support and the members of the staff, both in the Central and Divisional Offices for their work during the year.

I am,

Your obedient servant,

W. E. THOMAS,

Principal School Medical Officer.

PRINCIPAL SCHOOL MEDICAL OFFICER'S DEPARTMENT.

STAFF.

The Medical, Dental, and Senior Nursing Staff of the School Health Service during the year 1961 was as follows :—

PRINCIPAL SCHOOL MEDICAL OFFICER.

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

R. T. BEVAN, M.D., B.SC., D.P.H.

SENIOR MEDICAL OFFICER.

GWLDYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

DIVISIONAL MEDICAL OFFICERS.

J. LLEWELLYN WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

C. J. REVINGTON, M.B., B.CH., B.SC., D.P.H.

KATHLEEN DAVIES, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

H. R. STUBBINS, M.D., D.P.H.

D. W. FOSTER, M.B., B.CH., B.SC., D.P.H.

D. H. J. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.

G. E. DONOVAN, M.SC., M.D., B.CH., B.A.O., D.P.H.

SENIOR ASSISTANT MEDICAL OFFICER.

MOREEN WHELTON, M.B., B.S., B.SC., B.A.O., M.R.C.S., L.R.C.P., D.P.H. (To 13th January, 1961).

ASSISTANT MEDICAL OFFICERS.

BETTY ALEXANDER, M.B., B.CH.

JAMES A. BROWN, L.R.C.P., L.R.C.S., L.R.F.P. and S.G.

NOSHIRWA K. CONTRACTOR, M.R.C.S., L.R.C.P., D.P.H.

ALAN CROWLEY, M.B., B.CH., B.A.O., T.C.D., D.OBST., R.C.O.G.

DAVID M. DAVIES, M.B., B.S. (From 1st September, 1961.)

VALERIE G. DAVIES, M.B., B.CH.

JOHN L. DAVIES, M.R.C.S., L.R.C.P., M.B., B.S. (To 13th August, 1961.)

CREIGHTON E. EDWARDS, M.B., B.CH., B.SC., D.P.H. (To 30th April, 1961.)

PATRICIA H. EVANS, M.B., B.CH.

PATRICIA R. EVANS, M.B., B.CH.

SHIRLEY P. FRANCIS, L.R.C.P., M.R.C.S.

GAYNOR HARRY, M.B., B.CH., B.SC.

ANNE E. E. HIRST, M.R.C.S., L.R.C.P., M.B., B.S.
 AMY L. JAGGER, M.D., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.
 DAVID S. B. JAMES, M.B., B.CH.
 ELIZABETH G. JAMES, M.B., B.CH., B.SC.
 ALYS M. JENKINS, M.B. B.CH., B.SC.
 A. ELIZABETH JONES, M.B., B.CH., B.A.O., D.G.O., L.M., D.P.H.
 ALLEN SPENCER JONES, M.B., B.CH., B.SC.
 ELUNED LLOYD, M.B., B.CH. (From 11th September, 1961.)
 BRENDA M. MEAD, M.B., B.CH., D.P.H. (To 30th November, 1961.)
 IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H.
 WINIFRED E. PROBERT, M.R.C.S., L.R.C.P., D.P.H.
 ENID REED, M.B., B.CH., D.C.H.
 JOHN F. ROWLAND, M.B., B.CH., D.P.H.
 ISABEL K. WAKELY, M.B., B.CH., D.R.C.O.G.

In addition to the above, twenty-six medical officers were engaged for varying periods during the year on a part-time or sessional basis.

CONSULTANT ORTHOPAEDIC SURGEONS.

DILLWYN EVANS, F.R.C.S.
 G. ROWLEY, F.R.C.S.
 E. W. MEURIG WILLIAMS, M.CH.
 E. R. TREASURE, F.R.C.S.

CONSULTANT OPHTHALMOLOGIST.

G. VINE COLE, M.R.C.S., L.R.C.P.

PRINCIPAL SCHOOL DENTAL OFFICER.

H. P. R. WILLIAMS, L.D.S., R.C.S. (Eng.)

ASSISTANT DENTAL OFFICERS.

F. J. A. KAVANAGH.
 C. I. T. MORGAN, L.D.S., R.C.S. (To 14th October, 1961.)

In addition to the above, eighteen dental officers were engaged for varying periods during the year on a part-time or sessional basis.

SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE.

ELLEN G. WRIGHT, S.R.N., S.C.M., H.V.CERT.

DIVISIONAL SUPERINTENDENTS OF HEALTH VISITORS AND SCHOOL NURSES.

J. M. DAVIES, S.R.N., S.C.M., H.V.CERT.
 L. D. HOWELL, S.R.N., S.C.M., H.V.CERT.
 G. M. CROMWELL, S.R.N., S.C.M., H.V.CERT.
 CERIDWEN JONES, S.R.N., S.C.M., R.F.N., H.V.CERT.
 O. M. HOWELLS, S.R.N., S.C.M., H.V.CERT.
 W. G. GRIFFITHS, S.R.N., S.C.M., H.V.CERT.
 G. LOUGHER, S.R.N., S.C.M., H.V.CERT.
 ELIZABETH A. SMITH, R.R.C., S.R.N., C.M.B., H.V.CERT.

*RHONDDA EXCEPTED AUTHORITY.**DISTRICT SCHOOL MEDICAL OFFICER.*

R. B. MORLEY-DAVIES, M.B., B.CH., B.SC., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS.

EILEEN G. WATKINS, M.B., B.CH., B.A.O., D.P.H.
 ALEXANDER C. STEWART, M.B., B.CH.
 ENID O. VINCENT, M.B., B.CH. (To 15th April, 1961.)
 JOHN P. J. CLARKE, M.B., B.CH. (From 17th April, 1961.)

CONSULTANT ORTHOPAEDIC SURGEON.

NATHAN ROCYN JONES, F.R.C.S.

ASSISTANT DENTAL OFFICERS.

Nil.

Part-time.

ALUN R. OWEN, L.D.S.
 THOMAS T. A. MORGAN, L.D.S., R.C.S.

SUPERINTENDENT OF HEALTH VISITORS AND SCHOOL NURSES.

LILIAN MORGAN, S.R.N., S.C.M., H.V.CERT.

NURSING AND ANCILLARY STAFF (INCLUDING RHONDDA).

The total number of health visitors and school nurses (excluding superintendents) in the employ of the Authority on the 31st December, 1961, was 118.

The time devoted to School Health Service work during the year is equivalent to the whole-time of 30.94 nurses.

The staff engaged in ancillary services included :—

two whole-time physiotherapists ;
 three whole-time speech therapists ;
 four whole-time and seventeen part-time dental attendants.

The following statistics give an indication of the work of the Department during the last ten years.

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1951-1961.

	1951	1956	1957	1958	1959	1960	1961
A. STAFF.							
(i) Assistant Medical Officers ..	27	29	29	24	25	30	29
(ii) Consultants	4	6	6	6	6	6	6
(iii) Dental Surgeons	9	13	13	11	10	10	8
(iv) School Nurses	125	123	123	111	114	116	118
B. MEDICAL INSPECTION.							
(i) Routine Examinations ..	28,973	36,791	31,400	26,387	27,469	37,135	19,568
(ii) Special Examinations ..	9,550	7,118	6,029	10,297	3,682	3,905	6,749
(iii) Re-examinations	20,147	12,250	19,903	11,338	10,921	14,072	10,706
Totals	5,8670	56,159	57,332	48,022	42,072	55,112	37,023
C. DENTAL INSPECTION.							
(i) No. of children inspected by School Dentists	35,790	27,540	23,175	27,813	32,320	26,265	19,557
D. TREATMENT.							
(i) No. of Treatment Centres ..	51	58	57	57	58	60	60
(ii) Attendances at School Clinics.							
(a) Dental	38,871	51,076	47,493	46,548	49,908	47,089	39,332
(b) Refraction	10,862	11,678	12,001	11,436	12,675	10,670	7,803
(c) Orthopaedic	12,170	12,314	13,736	15,670	14,084	14,739	12,689
(d) Minor ailments	9,241	4,966	5,342	4,956	4,924	4,696	4,523
(e) Speech Therapy	5,144	11,692	10,940	12,514	11,628	7,024	6,522
Totals	76,288	91,726	89,512	91,124	93,219	84,218	70,869
(iii) Treatment.							
(a) No. of teeth extracted	33,809	32,240	28,292	29,005	25,987	26,359	19,993
(b) No. of fillings	7,654	13,713	12,387	11,414	12,494	12,935	9,999
(c) No. of teeth filled ..	7,058	12,430	11,205	10,270	11,300	11,805	9,235
(d) No. of other operations	6,590	9,953	9,977	8,310	10,404	9,780	7,942
Totals	55,111	68,336	61,861	58,999	60,185	60,879	47,169
E. SCHOOL NURSES.							
(i) No. of examinations of children at school for uncleanliness	310,127	310,612	286,463	274,131	273,176	252,329	240,018
(ii) No. of re-examinations ..	76,542	17,971	13,767	12,954	12,757	12,205	10,874
(iii) No. of visits paid to homes ..	27,761	14,384	12,341	12,203	11,882	12,015	9,313

The figures relating to Staff are expressed in terms of equivalent full-time officers and include time devoted to general health services. Details in respect of the Rhondda Exempted District are also included.

SCHOOL MEDICAL INSPECTION.

It has now been resolved to discontinue the normal routine medical inspection of the intermediate age group of school children, but auditory and visual acuity tests are still being carried out for the age group.

As far as possible, assistant medical officers are given a group of schools for which they are medically responsible. The doctors visit the schools frequently but they medically examine only those children referred to them by the staffs of schools or following a special request by the parents.

The present-day objective of the School Health Service is to ensure that a child's health does not adversely affect his educational progress. This new approach might well take some time to be appreciated, both by the medical and teaching staffs. Discussions between the staffs of schools and the school medical officers will prove to be of utmost value and will result in a better integration of the School Health Service into the educational system.

As was to be expected, the first reactions to the new system were mixed. Most head teachers were very co-operative and considered the new system an improvement. There is a tendency at present, however, for teaching staff to refer only those children with obvious medical defects. Such children are normally receiving medical attention, either from their general practitioner or hospital services. The new procedure is time-consuming and medical staff must have opportunities to observe children in the school situation—watching children at play and during physical training classes may well prove most enlightening. A confidence must be built up between teacher and doctor and a realisation that both are working towards the same end and that they share an intense interest in the physical and mental development of children.

The following table shows the incidence of pupils whose general condition proved unsatisfactory :—

PERCENTAGE OF PUPILS CATEGORISED AS OF UNSATISFACTORY GENERAL CONDITION.

Year	Entrants	Leavers
1954	1.4	2.0
1955	1.0	2.0
1956	0.8	1.3
1957	0.9	0.4
1958	0.4	0.5
1959	0.1	0.2
1960	0.3	0.4
1961	0.5	0.8

It is noted that the statistics for 1961 show an adverse trend but, compared with the middle 50's there is a lower incidence of children categorised as "unsatisfactory".

CLEANLINESS.

The following table shows the incidence of uncleanness in school children :—

		Nits in hair		Skin dirty or verminous	
		Boys	Girls	Boys	Girls
		%	%	%	%
1908-1911	..	9.3	38.9	4.3	4.1
1918-1921	..	0.7	17.2	0.9	0.3
1935-1938	..	0.5	2.6	0.6	0.3
1945-1948	..	0.9	5.6	0.6	0.3
1949	.. ..	1.0	5.0	0.4	0.2
1950	.. ..	0.8	4.2	0.2	0.1
1951	.. ..	0.8	3.5	0.2	0.1
1952	.. ..	0.7	2.8	0.2	0.1
1953	.. ..	0.8	3.7	0.2	0.1
1954	.. ..	0.8	3.4	0.2	0.1
1955	.. ..	0.8	3.5	0.2	0.1
1956	.. ..	0.8	3.4	0.1	0.1
1957	.. ..	0.9	3.4	0.1	0.1
1958	.. ..	1.0	3.7	0.2	0.2
1959	.. ..	1.0	3.8	0.2	0.1
1960	.. ..	1.1	4.1	0.1	0.1
1961	.. ..	1.1	3.9	0.2	0.1

In recent years there has been a tendency for the incidence of head infestation in girls to increase, but it would now seem that this trend has been arrested. Evidence, perhaps, that health education in schools is proving of value.

COLOUR VISION.

During the year the survey of colour blindness was continued in the County, and the following table shows the results:—

	Aberdare and Mountain Ash		Caerphilly and Gelligaer		Mid-Glamorgan		Neath and District		Pontypridd and Llantrisant		Port Talbot and Glyncoerrwg		South-East Glamorgan		West Glamorgan		Rhondda		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total number examined	621	—	290	—	285	—	408	323	585	—	—	—	696	—	406	—	—	—	3,291	323
Number colour vision defective	40	—	18	—	7	—	23	—	25	—	—	—	25	—	21	—	—	—	159	—
Percentage colour vision defective	6.4	—	6.2	—	2.5	—	5.6	—	4.3	—	—	—	3.6	—	5.2	—	—	—	4.8	—

In view of the rarity of colour vision defects in girls it will be noted that in most divisional areas it has not been considered worth while to test girls.

MILK AND MEALS IN SCHOOL.

The pupils who have obtained milk and meals in school are shown in the table facing page 12.
The following table shows the changing trends of the service since 1949 :—

MID-DAY MEALS SERVED IN SCHOOLS ON A SELECTED DAY IN THE MONTH STATED.

Date	No. of children in attendance		No. of mid-day meals served		% of children in attendance taking meals	
	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda
1949						
February	84,184	18,150	44,301	9,045	52·62	49·83
June	87,401	18,554	44,257	8,162	50·64	43·99
October	88,208	19,129	45,850	8,834	51·98	46·18
1950						
February	82,712	17,721	39,463	7,045	47·71	39·76
June	87,360	18,363	39,458	6,490	45·17	35·34
October	87,699	18,846	42,406	6,873	48·35	36·47
1951						
February	82,144	17,022	40,094	6,001	48·81	35·25
May	87,254	18,379	38,652	5,739	44·30	31·23
October	91,310	19,155	41,209	6,063	45·13	31·65
1952						
February	87,873	18,251	40,180	5,478	45·73	30·01
June	91,185	18,794	39,807	5,121	43·66	27·25
October	93,905	19,300	44,681	5,799	47·58	30·05
1953						
June	93,779	18,860	34,784	4,191	37·09	22·22
October	97,226	19,337	39,340	4,584	40·46	23·71
1954						
June	95,842	18,510	37,042	4,144	38·60	22·40
October	95,381	18,334	39,807	4,406	41·70	24·00
1955						
September	98,937	18,535	44,296	4,845	44·77	26·14
1956						
September	101,268	18,932	44,803	4,597	44·24	24·28
1957						
October	100,398	17,002	41,795	3,908	41·63	22·99
1958						
October	102,035	17,509	43,918	3,809	43·04	21·76
1959						
September	102,244	17,823	43,702	4,108	42·74	23·05
1960						
September	101,351	16,678	47,592	4,043	46·96	24·24
1961						
September	102,999	17,133	49,042	4,206	47·61	24·55

RETURN MADE TO MINISTRY OF EDUCATION, 30TH SEPTEMBER, 1960.

Division	Number of Pupils present					Number of Pupils taking Meals							Number of Pupils taking Milk					No. of Schools and Departments served	No. of Schools and Departments not served		
						Primary			Secondary			Nursery									
	Prim-ary	Second-ary	Nursery	Spec-ial	Total	Free	Pay-ment	Total	Free	Pay-ment	Total		Special	Total	Prim-ary	Second-ary	Nursery			Spec-ial	Total
Aberdare	6,558	4,290	40	85	10,973	318	1,463	1,781	312	1,491	1,803	40	85	3,709	6,194	3,027	40	85	9,346	65	1
Caerphilly	7,332	5,597	37	—	12,966	499	3,055	3,554	366	2,948	3,314	37	—	6,905	7,100	4,350	37	—	11,487	66	—
Mid-Glamorgan ..	9,987	7,260	111	—	17,358	473	4,768	5,241	387	3,756	4,143	111	—	9,495	9,399	4,313	111	—	13,823	89	—
Neath	5,970	4,180	36	—	10,186	223	2,916	3,139	165	1,944	2,109	36	—	5,284	5,556	2,450	36	—	8,042	59	—
Pontypridd	6,572	4,874	33	—	11,479	395	1,875	2,270	333	1,657	1,990	31	—	4,291	6,285	3,715	33	—	10,033	56	1
Port Talbot	6,389	4,084	—	—	10,473	166	1,960	2,126	114	1,175	1,289	—	—	3,415	6,141	2,446	—	—	8,587	43	1
South-East Glamorgan	11,251	8,057	47	—	19,355	319	4,453	4,772	247	3,714	3,961	47	—	8,780	10,457	5,522	47	—	16,026	87	1
West Glamorgan ..	5,756	4,012	34	—	9,802	236	3,898	4,134	239	2,713	2,952	34	—	7,120	4,929	2,607	34	—	7,570	63	—
Weycock Cross School	—	—	—	43	43	—	—	—	—	—	—	—	43	43	—	—	—	43	43	1	—
Blind School	—	—	—	95	95	—	—	—	—	—	—	—	—	—	—	—	—	95	95	—	—
“Hendre” Residential School	—	—	—	79	79	—	—	—	—	—	—	—	—	—	—	—	—	75	75	—	—
Ogmore School Camp	—	72	—	—	72	—	—	—	—	—	—	—	—	—	—	72	—	—	72	—	—
“Erw'r Delyn” ..	—	—	—	118	118	—	—	—	—	—	—	—	—	—	—	—	—	111	111	—	—
Total (excluding Rhondda)	59,815	42,426	338	420	102,999	2,629	24,388	27,017	2,163	19,398	21,561	336	128	49,042	56,061	28,502	338	409	85,310	529	4
Rhondda	9,935	7,001	197	—	17,133	—	—	—	—	—	—	—	—	4,206	9,116	4,962	191	—	14,269	90	1
Total	69,750	49,427	535	420	120,132	—	—	—	—	—	—	—	—	53,248	65,177	33,464	529	409	99,579	619	5

HANDICAPPED PUPILS.

The following table shows the number of Glamorgan handicapped pupils in special schools and classes at 20th January, 1962 :—

CHILDREN IN SPECIAL SCHOOLS AND CLASSES.

Category	Glamorgan				England and Wales
	1960		1961		Rate per 1,000 school children
	Number	Rate per 1,000 school children	Number	Rate per 1,000 school children	
Blind and Partially Sighted :—					
At Special Schools—					
(a) Day pupils	2	0.015	3	0.02	0.16
(b) Boarding pupils	49	0.37	55	0.43	0.31
Deaf and Partially Deaf :—					
(1) At Special Schools—					
(a) Day pupils	1	0.008	—	—	0.28
(b) Boarding pupils	66	0.51	58	0.45	0.49
(2) At Special Classes	22	0.17	34	0.26	—
Educationally Subnormal :—					
(1) At Special Schools—					
(a) Day Pupils	118	0.91	140	1.09	3.24
(b) Boarding Pupils	109	0.84	104	0.81	1.26
(2) At Special Classes	234	1.81	296	2.30	—
Maladjusted :—					
(a) Special Schools	1	0.008	3	0.02	0.42
(b) Hostels	12	0.09	10	0.08	0.10
Physically Handicapped and Delicate :—					
At Special Schools—					
(a) Day Pupils	15	0.11	17	0.13	1.79
(b) Boarding Pupils	66	0.51	77	0.60	0.90

As a general rule it is considered that a child, even if handicapped, should, if possible, remain within the ordinary school system. It is unwise to over-protect a child but it is also unreasonable to expose a child to too many difficulties. There is, therefore, a need to select very carefully the ideal placement for any particular handicapped pupil. There are some children whose handicap or home background is such that residential school is the appropriate placement. Others can best be provided for as day pupils in a special school or in a special class in an ordinary school. The above table shows the variety of placements utilised by this Authority. It is pleasing to note the increasing number of children whose needs can be met by special classes in ordinary schools. This is apparent in children with hearing defects and those who are educationally subnormal.

(a) *Educationally Subnormal Children.*

(Educationally subnormal pupils, that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools).

The educationally subnormal form the largest group of handicapped pupils. The present position in the County is summarised as follows :—

EDUCATIONALLY SUBNORMAL PUPILS (INCLUDING RHONDDA).

Recommendation	Not attending school	At ordinary school	At special day school	At special boarding school	Total
Education at ordinary school with special treatment	2	818*	—	—	820
Education at special day school ..	—	33	135	—	168
Education at Boarding School ..	—	184	5	104	293
Total	2	1,035	140	104	1,281

* 296 of these are in attendance at special classes in ordinary schools.

However much we deprecate the fact, it must be realised that there is still a certain amount of stigma attached to children classified as educationally subnormal. This is particularly so when these children are placed in special schools. Parents are increasingly conscious that for some children special schools offer the best prospects for progress, educationally and socially. Special classes in ordinary schools are commonly more acceptable, and it is of interest to note that about 300 children are attending such classes in Glamorgan schools.

I have pleasure in reproducing the report of Mr. Ian G. Anderson, the Headmaster of the Glamorgan Residential School, Hendre. This is Mr. Anderson's last report before leaving this Authority and I wish to pay tribute to the work and to the co-operation which the Health Department has received from Mr. Anderson when he was Headmaster at "The Hendre". He was the first Headmaster of that school and much of its present-day success is due to his efforts :—

"It is with certain regrets that I submit this, my eighth and last annual report for "The Hendre".

I would like to take this opportunity of thanking the Committee members and officials of the Glamorgan County Council with whom I have worked over the last eight years. Their co-operation, advice and friendliness have helped me a great deal in the running of the school. I would also like to pay tribute to the fine staff, teaching, ancillary and domestic that I have had at "The Hendre". Their support and encouragement has been a great help over the years.

Since 1955, sixty-five boys have left the school, having attained the age of 16. Of these sixty-five leavers fifty-three are in employment and have been more or less since leaving school. Three are in occupation centres or at Hensol Castle ; six are considered unemployable for various reasons, mainly physical, and are living at home ; two are at present unemployed, and one is in an approved school.

From time to time old boys telephone me, one or two have actually reversed charges, write or visit the school. It is obvious from what these boys have said and from reports from education welfare officers and others that the vast majority of these boys have settled down and become an integral part of the society in which they live. Many have joined local youth clubs, football teams, and other activities and are leading a full life.

1961 has been a profitable year, the school having been fully staffed since September, 1960. This continuity helps the school a great deal and contributes to stability. The fine spring and summer weather enabled the school to take part in many outside activities. Several youth hostel week-ends and occasional camps were held. A new venture was canoeing and this was greeted with great enthusiasm by the boys. Mr. E. O. James attended a two-day course on canoeing. We are also indebted to Mr. M. Jones for his enthusiasm in the construction of the canoes.

On the sporting side, the school ended the football season half-way up the league table and have made a promising start to the 1961-2 season, having won three matches out of the four league games. Many interchange visits were made with neighbouring schools and youth clubs through the medium of cricket, rounders, etc.

The Scout group had a successful year and many new friends were made in Monmouth. Several Scout troops and Cub packs visited the school and enjoyable camp-fires were held. There are now thirty-eight boys in the Scouts and Cubs. The success of the group is due to the efforts of Mr. I. James and Mrs. S. James and I am glad to report that Mr. K. Jones, a new member of the teaching staff, is very interested in the scouting activities.

A new venture in 1961 was the ancillary staffs' course held at Dyffryn in the Easter holidays. This was a great success and thoroughly enjoyed by all who took part. The staff here are keenly looking forward to another one.

Parents' Day this year was bigger than ever. The weather was brilliant and some 160 people visited the school.

Two school visits were organised in 1961. The senior boys went to London and visited the Tower of London, London Airport, and had a trip on the river. The juniors went to Bristol Zoo.

On the supervisory side, the school was fortunate in securing the services of Mr. Glyn John and Mr. David Brunt, both qualified teachers from Monmouth, and Mr. P. Swain, the new clerical officer. This has helped enormously with the supervisory duties.

The building repairs and maintenance have once again been supervised by Major Bell and his staff and I would like to thank them for the efficient way in which they have done this since the school opened. It has been a great comfort to know that they are always there when needed.

The only change on the teaching side took place when Mr. C. Poor left to start a twelve-month course at Caerleon Training College. His place was taken by Mr. K. Jones, whose youthful enthusiasm has been a great help on the sporting side.

The health of the boys has been excellent, due to the care and attention of Miss H. Jenkins, S.R.N., the Matron, and the houseparents. Good food, regular hours, and plenty of exercise contribute to healthy bodies. We have certainly been fortunate in our domestic staff at "The Hendre", who have been most competently led by Miss R. Phillips, the housekeeper."

(b) *Blind and Partially-sighted Pupils.*

(Blind pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.)

(Partially-sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.)

I have pleasure in reproducing the annual report of Mr. Exley, the Headmaster of Ysgol Penybont Glamorgan School for Visually Handicapped Pupils :—

"This year the name of the school has changed to reflect the changing function of the school and the type of children within it. The new name: "Ysgol Penybont for Visually Handicapped Children" is displayed on a large board at the entrance to the school. Visual handicap over a larger range than is indicated by the word "blind" is the school's pre-occupation. It seems likely that the numbers of blind children (as such) will decline to an irreducible minimum of congenital, accident and developmental type—unless some new unforeseen cause, like Retrolental Fibroplasia in the forties and fifties, appears to complicate the picture. The "new" blind children are likely to be affected and handicapped in other ways besides visually and so the work of the school will not be so highly individual in methods as formerly but will cause the staff to be more fully aware of the methods, procedures and skills applicable to handicaps other than blindness. The label over the school door, changed though it be, will not fully indicate the problems and challenges being met by the school and its staff.

The children, visually handicapped, but not so much so as to be classed as "blind" would appear to be coming to the school in somewhat increasing numbers. These children, too, are such that a "normal" school cannot help them. They are most often children with attendant difficulties added to the visual handicap and in many cases if the visual handicap were the only problem, the "normal" school could make adequate provision.

Over the last three years, forty-one new pupils have entered the school. 41 per cent of these are Glamorgan children, the remainder come from the other counties of Wales, including Anglesey. (Three children are from England). Seven only of these children came at the minimum entrance age of 5-plus years. Of the new entrants, 74 per cent were children not classed as blind and 26 per cent only were children quite definitely in the blind category—for every blind child admitted three partially-sighted children were also admitted. This state of affairs would seem likely to continue and the name "Blind School" would give a totally wrong impression of the variety of work done in the school and the versatility necessary in its staff and provisions.

Meanwhile, the school is conscious of its responsibilities as a "residential" school and has examined itself critically in the light of recent sharp attacks by critics of residential schooling. Where no local provisions exist for educating and training specifically handicapped children the central (and necessarily residential) establishment, serving a region, would appear to be necessary. Not all pupils, because of their personal make-up, needs, temperaments, etc., however, necessarily have their needs satisfactorily met by the "resident" school. There may be no alternative at the present moment but "residential education" may not be the complete or most satisfactory answer to all and every handicapped child. The problems involved in separation from home, familiar environment and customs may not be happily solved for all by a central residential school divorced in space, ideals, and methods from the home background. Though local schools may not at the moment be able to provide the facilities of the central specialised establishment, thought is being given to the possible eventual placement of severely visually handicapped children in appropriate educational conditions near their homes. The future may well lay with a flexible versatile system that allows suitable visually-handicapped children to be provided for within reach of their homes whilst retaining a "residential" school for those who prefer it or who may need the provisions that it can offer.

Meanwhile Ysgol Penybont is keeping well in mind the need to educate the "whole" child and counteract, wherever possible, any dangers to the pupils' well-being consequent upon separation from home and parents. The school's educational provisions are constantly under review, classes are kept very small, individual needs are closely noted. More than ever is the school conscious that it is both school and home, more than ever does it seek to educate and not merely instruct.

The past year has seen take place all the usual school activities at the school. During the year the new residential block has been occupied by the youngest children—with great satisfaction. The pressure on the main buildings has not, however, decreased as the number of children has increased again after the recent drop in numbers. Two new houses in the grounds have now been taken over by resident masters. Active steps have been taken to train new housemothers and a local course, run in conjunction with Glamorgan's other special schools, was attended by the Headmaster and his wife and all the housemothers. Many visitors came to the school during the year, and these included Capt. and Mrs. McNab from the school's adopted ship, the *Welpark*.

Visits by pupils were made to a variety of establishments and places, including a telephone exchange and an electric power station. Individual pupils continued their association with and membership of Brownies, Guides, Boy Scouts, St. John Ambulance, youth clubs, and technical college evening classes.

The year was as crowded as preceding years and though everyone grew a year older, nobody had time to notice it, because everyone was too busy."

In his report, Mr. Exley makes a most interesting comment on the future education of the visually handicapped pupil, pointing out that residential schools have special difficulties and that for many children it would be better if they could receive their special education whilst still living at home. There are a number of problems to be solved before residential schools can be reduced. This is particularly so when the defect has a low incidence and the teaching staff have to be specially trained. A handicapped child needs to be brought up in as normal an environment as possible but, at the same time, he requires special care. It is debatable whether it would be possible to find sufficient trained staff to cover wide geographical areas or whether teachers in ordinary schools can acquire sufficient competence to deal with handicapped children. The handicapped child may become neglected or over-protected.

(c) *Deaf and Partially Deaf Pupils.*

(Deaf pupils, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.)

(Partially deaf pupils, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.)

During the past year there has been a change in the administration of the School Health Service which has resulted in an increased frequency of testing for loss of visual or auditory acuity.

The hearing of children is tested during the first year at school by the use of picture card tests obtained from the Royal National Institute for the Deaf. This appears to be a useful and easy test to administer, particularly in the younger age groups.

Further tests for hearing loss are conducted at approximately the age of 8 and 12 years. The children failing these tests are referred for audiometric examination.

One Pure Tone Audiometer (Amplivox) was purchased during the year, bringing the total to three, for use by school medical officers, and it is intended that in the near future all the Divisions will possess one of these instruments.

The assessment of the very young with hearing loss is still being carried out in infant welfare clinics by the health visiting staff.

There are two important factors to be considered in relation to the care of the deaf :—

- (i) The early assessment of deafness.
- (ii) The early development of speech in the more severely deaf.

In dealing with the first category the child may be referred to any one of a number of audiology units either in South Wales or other parts of the country, and a close link is maintained with the ear, nose, and throat surgeons concerned.

The adequate treatment of the second group depends upon accurate educational placement. The facilities now offered to this group include the Nursery School for the Deaf at Whitchurch and units for the partially deaf at Trehopcyn County Primary School, Llansawel County Primary School, Oldcastle Junior School, and Coedybrain Junior School.

There follow reports from the Head Teachers concerned with these schools :—

Coedybrain Deaf Unit, Caerphilly.

Head Teacher : Mr. T. H. Jones.

Special Class Teacher : Miss E. M. M. Lewis.

“During the past year the Unit has settled down even further into being an ordinary class in an ordinary school. The children, all of whom are profoundly deaf, are very well integrated into the school society.

Practical lessons like Needlework, Physical Training, and games are taken with hearing children and the relationships formed during these lessons show that both deaf and hearing children benefit much from contact with one another.

The highlight of the year was the installation of an Amplivox Group Aid. Even with their severe hearing loss this Group Aid enables the children to be in a more normal environment of sound than was previously possible.

In the formal work of the class the aim has been to be as normal as possible, work has followed the pattern of any junior school with emphasis on useful meaningful activities aimed at enabling the children to take their place within their society, both at home and at school".

Trehopcyn Partially Deaf Unit, Pontypridd.

Head Teacher : Mr. E. Hughes.

Special Class Teachers : Miss E. Moses and Miss S. Ridd.

"The year that has just passed was one of varied fortunes for the Partially Deaf Unit at this school.

On 20th February, 1961, Mrs. Pearce was transferred to the Whitchurch Centre. Her departure was a great loss. This left Miss E. Moses with two classes. The ages of the pupils ranged from 8 to 15 years and Miss Moses's burden was a heavy one. Her industry during this difficult period is to be commended for she coped with the extra demands until the close of the summer term.

On 4th September, 1961, Miss Sylvia Ridd commenced duties here and quickly settled down, the association between her and her pupils being a happy one.

In both classes the children are kept in touch with current events. They dine with the other school children and share the same playing areas. Everything is being done to remove the sense of segregation so keenly felt by the deaf and partially-deaf.

In June, the National Deaf Children's Society (Wales Region), presented the Unit with a record player. Later in the year the Local Education Authority provided a tape recorder. One of the classrooms was rendered soundproof. These are technical advantages which are very heartening to the teachers concerned.

The position at present is that Miss Ridd has five senior pupils and Miss Moses seven junior pupils. In addition, two boys receive part-time tuition".

Llansawel Partially Deaf Unit, Briton Ferry.

Head Teacher : Mr. C. N. Morgan.

Oldcastle Partially Deaf Unit, Bridgend.

Head Teacher : Mr. T. Anthony.

Teacher with special responsibilities for the partially deaf : Mr. W. G. P. Davies.

(a) *Pupils receiving full-time education in a special class.*

"At the beginning of the year seven pupils attended the Llansawel class full-time, at the end of the year the number had increased to fifteen. The youngest was 5 years old and the oldest was 11 years old. In view of the increasing number at the class at Briton Ferry another class was formed at Bridgend, where five of the fifteen at Briton Ferry were transferred in January, 1952.

The eight new pupils who joined the class consisted of five from ordinary schools, two from the deaf school, and one from the Physically Handicapped School at Penarth. Each one of these children presented an individual problem as they were admitted, each one of them needed this full-time educational treatment and, indeed, by Christmas, 1961, every child attending the class was making satisfactory progress. I am pleased to say that the five children who were transferred to the Bridgend class have settled down well and are continuing their good progress.

Therefore at the beginning of 1962 the position was as follows :—

(i) *At Briton Ferry.*

10 children : ages—1 (11 years) ; 2 (10 years) ; 3 (9 years) ; 1 (8 years) ; 1 (7 years) ; 1 (6 years), and 1 (5 years).

The three older pupils may be considered ready for transfer to an ordinary secondary school in July.

(ii) *At Bridgend*

7 children : ages—1 (11 years) ; 3 (10 years) ; 1 (9 years) ; 1 (8 years) ; and 1 (6 years).

None of these children are yet ready to be considered for transfer to an ordinary secondary school.

(b) *Pupils receiving part-time education.*

(i) A girl aged 11 years, a pupil at the Visually Handicapped School, Bridgend, attends the deaf class at the Oldcastle School, Bridgend, two half days a week.

(ii) Four senior pupils at Cwrt Sart Secondary School attend the Llansawel Class, Briton Ferry, weekly after school. These four are making very good progress.

(iii) Education Clinic at Quarella Road, Bridgend—eight pupils attend this clinic by appointment on Saturday mornings : ages—3 (14 years) ; 2 (12 years) ; 2 (10 years) ; 1 (9 years) ; and others have attended for educational assessment.

(iv) Educational Clinic at Pendarves Street, Port Talbot—one pupil aged 13 years, but also others have attended for assessment and parent guidance.

(v) Educational Clinic at Dyfed Road, Neath—three pupils attend by periodic appointment : ages—1 (15 years) now left school ; 1 (11 years) now in the grammar school ; 1 (2 years) making good progress.

During 1961, thirty-two pupils in all received full-time and part-time instruction. Each pupil who attended was, at the end of 1961, making satisfactory progress.

The position at the beginning of 1962 is as follows :—

Thirty-one pupils are receiving either full-time or part-time instruction.

Three further pupils, ages 5 to 6 years, require assessment as to their need".

Glamorgan Nursery School for the Deaf, Whitchurch.

The following is the report of Mrs. C. E. Jones, the Superintendent of the Nursery :—

"There were several staff changes during 1961, including Mrs. M. Pearce, a qualified teacher of the deaf, who transferred from the Partially-Deaf Unit, Trehopcyn, in January. Mrs. Pearce took charge of our "over five's" who were admitted in January, 1960.

New children between 2-plus and 5-plus years were admitted from the following Authorities—

Newport	..	..	..	1
Monmouthshire	..	..	..	1
Cardiff	..	..	..	1
Glamorgan	..	..	..	2

The Cardiff child, after a period of observation, was considered of low mental ability, maladjusted with only a slight hearing loss and was, subsequently, transferred to the Field House Diagnostic Unit, Llanishen.

There has been even greater evidence during the past twelve months that children admitted between 2- and 3- years of age progress far more rapidly than those who are not admitted until they are older. There are far fewer emotional problems and social adjustment is easier when the child is young. Nevertheless, there still appears to be some reluctance, among the medical profession, over sending young deaf children to a residential school, as is evident from new admissions. Two children were under four when they came, but one child was nearly five and another five-and-a-half. Neither of these latter children made satisfactory progress ; they were found to have little or no understanding of language, no speech, objected to wearing a hearing aid and had passed the vital years when residual hearing could have been stimulated. Two of these children had been placed in ordinary schools, but had failed to make progress and were then transferred here. However, as a result of their original mis-placement they gave evidence of maladjustment, were socially immature, and emotionally retarded.

It is of interest to note that there has been no evidence during the year of emotional problems among residential children. Indeed, the interesting fact has been that maladjustments have only been observed in those children attending daily, or in children admitted after spending a period of time in an ordinary school.

New children were placed in classes as follows :—

Any child under four was automatically put in the reception class, which is designed to cater for such an age group. However, as the children already in the class had received several months auditory and language training, new entrants had to be taught individually for some time.

Children entering over the age of 4 were an even greater problem ; because of their age they were unsuited for the nursery class. However, children admitted when the school opened in 1960, although also 4 or 5 years of age, had developed a wide understanding of language, communicated orally, were being taught reading and numbers, and had undergone a period of intensive audiological training. New admissions were quite unable to compete at this level and could not, therefore, be placed in this group. With a small teaching staff the placing of such children created quite a considerable problem.

Our weekly visit to the local primary school was continued and we noted, with interest, that as our children became more proficient in their understanding and use of speech, their social adjustment with hearing children improved. It was equally interesting to observe the children who had spent some time in normal primary schools, but who had acquired no language. Despite the fact that they had had every opportunity of mixing with normal-hearing children, because of their inability to communicate, they found difficulty in joining in activities and tended to isolate themselves. This would seem to bear out our feelings that deaf children can only become socially and emotionally adjusted to their handicap when they are provided with a means of understanding and communicating. Placing a deaf child with hearing children does not necessarily provide this tool, therefore, social adjustment does not take place merely because the child is in a hearing community.

New equipment included a transistor audiometer and a tape recorder, both of which proved invaluable. We succeeded in obtaining Pure Tone Audiograms for most of the children who had received a period of auditory training and the tape recorder was used to note language development and to reproduce music and other sounds for auditory discrimination and stimulation.

An experiment was begun in 1961 of allowing the youngest children (2-plus to 3-plus) to use group hearing aid equipment. They did so for up to half-an-hour each day with considerable evidence of enjoyment. They have since shown signs of being aware of certain "gross" sounds which can be amplified to maximum intensity. Children who had previously given no evidence of hearing when using an ordinary hearing aid or loop induction coil began to vocalise and indicated an awareness for sound. Once again, the response from children admitted at a later age was not as satisfactory and it took considerably longer to stimulate residual hearing.

Our activities included a visit to the pantomime, summer trips to the sea-side, and visits to the Barry Zoo. All these involved a certain amount of preparation and strain for teaching and houseparent staff as the children aimed at pure enjoyment and the staff aim was to ensure that learning was taking place simultaneously ! The Christmas Bazaar was visited once again and the children had a party at the school.

We had several visitors and students during the year and felt we were able to give a clear picture of the progress which could be made if deaf children were educated from an early age. We also aimed at encouraging certain students to continue their interest in the education of deaf children by qualifying as teachers of the deaf. As a result, we are pleased to learn that at least two of the visiting students intend taking up this work.

Our greatest problem has been the fact that severely deaf children are still not being admitted to the school at an early enough age. Other methods of education are often being tried out before the child is referred to this school. This is having a bad effect on such children's educational progress and emotional adjustment to their handicap.

We hope that in 1962 children will be admitted when they are still young enough to obtain maximum benefit from the facilities available at the school."

CLASS ARRANGEMENTS, AGE, AND SEX OF PUPILS.

Age on 31st December, 1961	5 years		6 years		7 years		8 years		9 years		10 years		11 years		12 years		13 years		14 years		15 years		16 years		17 years		Total	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Special Class ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	2	-	1	2	-	-	1	2	-	7	4
Senior IV ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4	4	8	-	-	-	-	7	12
Senior III ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	4	2	2	-	-	-	-	-	-	11	6
Senior II ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	-	5	2	-	-	-	-	-	-	-	-	13	2
Senior I ..	-	-	-	-	-	-	-	-	-	-	4	2	6	2	-	1	-	-	-	-	-	-	-	-	-	-	10	5
Junior III ..	-	-	-	-	-	-	-	-	4	6	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	9
Junior II ..	-	-	-	-	1	-	5	1	6	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	4
Junior I and Kindergarten ..	3	3	3	2	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	6
Boarders— 63 Boys 38 Girls = 101	3	3	3	2	1	1	7	1	10	9	5	5	6	2	9	1	16	8	5	7	6	8	-	1	2	-	74	48
Day Pupils 11 Boys 10 Girls = 21	6	5	3		8		19		10		8		10		24		12		14		1		2		122			

TOTAL — 122

LOCAL AUTHORITIES MAINTAINING PUPILS.

Glamorgan	..	..	..	83
Monmouthshire	..	..	..	16
Cardiff	..	..	..	6
Carmarthenshire	..	..	..	4
Cardiganshire	..	..	..	3
Newport	..	..	..	3
Swansea	..	..	..	3
Montgomeryshire	..	..	..	2
Denbighshire	..	..	..	1
Flintshire	..	..	..	1
				122

Mobility of Children.

61 children are permanently chairbound.

27 children use apparatus to help them walk and wheelchairs to get around the grounds.

34 children are able to get about with varying degrees of ability.

Discharges from the School since its opening.

During the three years of the school's life, twenty-three children have been taken off roll for the following reasons :—

Five children have died.

Two children have been returned to ordinary school on being assessed by the panel as fit to do so.

Three children returned to ordinary school on parent's wishes.

Four children have left school on attaining school leaving age. Of these one (a less severely handicapped boy) has been successfully placed in employment, two have returned to their homes with little hope of placement and the fourth has been transferred to a training centre.

After trial periods four children were ascertained as being unsuitable for education in school and discharged.

Five children were transferred to other special schools when the parents moved into other parts of the United Kingdom.

In addition three children who are over age have been kept on roll as it has not been found possible to place them in employment.

From this it should be noted with some degree of concern that of seven children attaining school leaving age only two have been correctly placed. It may be early to make any general conclusions from this, but I suggest that it is likely that in future at least 70 per cent of the pupils will not be placed satisfactorily, unless some special provision is made for them.

Health.

During the year the general health has been good—although the autumn term brought a type of flu infection which attacked most of the children and several of the staff.

The Senior School Medical Officer has made regular weekly visits to the school throughout the year. Termly visits have been made by Dr. Kenneth Lloyd, Mr. Dillwyn Evans, and Professor Watkins.

A dental officer has made fortnightly visits and dental treatment has been carried out on the school premises.

Typing Class.

Twelve children are taken to Barry College of Further Education on two nights per week where a special typing class has been established by the Principal to enable our children to become proficient in typing. We are grateful to the Education Committee for making this arrangement possible and to the Principal and staff for the willing help they give to our children.

Activities.

Scouts and Guides.

Our school troop was honoured by having a scout selected to attend the St. George's Day Scout Parade at Windsor, where he shook hands with the Queen and the Duke.

The annual eisteddfod was held on St. David's Day. We were so pleased with the standard of the work done by the children that we kept the work on display until our scout and guide social evening for parents, which was held on the evening of 15th March. About 120 parents came and heard their children sing, recite, and play musical instruments, and then examined the models, paintings, essays, and handwriting, etc., done for the eisteddfod.

The annual scout and guide canvas camp was held at Woodlarks Camp, Farnham, Surrey, during Whit-week. Thirty-eight scouts and guides attended the camp and greatly enjoyed the experience.

Annual Outings.

Three special outings were made this year. The infants spent a day at Southerndown with the children of the Nursery School for the Blind; the junior school visited Bristol Zoo, whilst the senior children spent a day in London where they were shown around the House of Commons by the local M.P., Mr. James Callaghan, toured the City, and spent some time in the Battersea Festival Gardens.

Two youth hostel trips have been made during the year, one to Crickhowell and the other to Tyn-y-Cae. On both occasions "walks" in wheelchairs were made over very rough country. Several children reaching the tops of small hills after a considerable amount of struggling.

The usual annual events have been held throughout the year: harvest festival service (food, etc., given to old age pensioners in Penarth); school open day; Christmas parties; pantomime visit, and the carol service, which this year was held in St. Luke's Church.

Parents and Friends Association.

This Association continues to help children in many ways, organising regular car trips, Christmas parties, pantomime and theatre visits, visits to sick pupils in hospitals, and making money grants to parents coming from a long distance to visit their children in hospital after operative treatment. We are grateful to the Association for their enthusiasm and their constant support."

The following statistics show the position of Glamorgan physically handicapped pupils on 20th January, 1962 :—

Attending residential special schools in England	2
Attending "Erw'r Delyn" School, Penarth, as day pupils	17
Attending "Erw'r Delyn" School, Penarth, as residential pupils	63
Attending ordinary schools	173
Receiving home tuition.. .. .	26

(e) *Maladjusted Pupils.*

The development of the Child Guidance Service in Glamorgan is regrettably slow. Shortage of qualified staff has made this inevitable. Child psychiatrists are few and psychiatric social workers almost non-existent. It would appear that considerable time must elapse before the recommendations of the Underwood Committee on maladjusted children can be implemented.

A start, however, has been made as the following statistics from the report of Dr. Aron, the Consultant Child Psychiatrist, for the years 1959-61 show :—

TABLE I.
NUMBER OF CASES REFERRED.

Clinic	Girls	Boys	Total
Tynygarn, Bridgend	42	76	118
Dyfed Road Clinic, Neath	50	87	137
Ystrad Clinic, Rhondda	33	59	92
Rock Grounds Clinic, Aberdare	24	46	70
East Glamorgan Hospital, Pontypridd	31	27	58
			475

TABLE II.

CAUSES OF REFERRAL.

Enuresis (wetting)—diurnal 17 ; nocturnal 64 ; both 8.
 Encopresis (soiling) 22.
 Stammering and stuttering 15 ; other speech defects 11.
 Temper tantrums 53 ; disobedience 19 ; generally difficult behaviour 55.
 Nightmares 11 ; night terrors 16 ; sleepwalking 5.
 Stealing and pilfering 66 ; house-breaking 9.
 Sexual misbehaviour 13.
 Truancy 21.
 School phobia 26.
 Aggressiveness 18 ; bullying 3 ; destructiveness 15 ; cruelty 3.
 Running away from home 10 ; wandering 5.
 Hysterical behaviour 8.
 Physical symptoms with emotional basis :—
 asthma 8 ; migraine 15 ; abdominal pains 8 ; eczema 4.
 Fits 9 ; fainting turns, etc., 6.
 Backwardness at school 43.
 Lying and romancing 17.
 Tics 20.
 Depression 12.
 General shyness and timidity 12.
 For intelligence testing only 6.

I have pleasure in reproducing the annual report of Mrs. R. M. Matthews, the Warden of "The Lindens" Hostel for Maladjusted Children :—

"During the year the hostel has continued to provide accommodation for emotionally disturbed children referred by the child guidance clinics in the County. Children have also been admitted from neighbouring authorities as vacancies have occurred.

Children and parents have been seen each week at the child psychiatric clinic held at the hostel. Dr. R. T. Bevan, Deputy County Medical Officer, and Dr. Gwyn Roberts, Whitchurch Hospital, have shared the parent-child consultations, Mrs. A. M. Jones and Mrs. Villalander have been responsible for intelligence and attainment testing, and Dr. J. P. Spillane has continued to act as Psychiatric Consultant.

Students from the Barry Training College have visited the hostel during term-time for practical work and observation of the children. Visits have also been made by teachers in training, social workers, and nurses who have been lectured to by the staff of the clinic and hostel.

The children have attended the local secondary and primary schools, two boys having been transferred to the Penarth Grammar School. A home teacher has provided for the needs of a group of children too disturbed to attend the local schools. In January, 1962, an adjustment class is to be established which will cater for children in the hostel and from the locality who require special attention. Mr. Glyn Matthews, the husband of the Warden, has been appointed as teacher-in-charge.

The hostel has been open for the whole of the year as there have been children who have found return to their own homes even for a short holiday too difficult to take. Most of the children in this group are girls of teen-age and the consultants and staff have made a special and detailed study of the needs of this the most difficult group of maladjusted children.

During the winter months the children have been occupied with Art, Crafts, and Woodwork, and a Nativity play was produced at Christmas, which was seen by a number of parents, teachers, and doctors. The children have also been encouraged to take part in activities attached to the local church and individual boys and girls have joined the Brownies, Guides, and Scouts. A party of seniors attend the youth club at "Erw'r Delyn" on Sunday evenings and two girls have travelled each week to the Further Education College at Barry.

In the summer months most of the meals have been taken out-of-doors and the evenings and week-ends have been spent on the local beaches."

I also have pleasure in reproducing the report of Dr. Phillip Williams, the Educational Psychologist on the Adjustment Classes in Port Talbot, which were commenced in February, 1961 :—

"In work with children and families who are anxious, delinquent, unhappy, etc., there are two broad lines of approach. Either one attempts to change the attitudes and personalities of the persons concerned to enable them to manage to deal with their environment, or one attempts to change the environment, so that their problems can be accommodated, while a gradual re-adjustment is made. The first of those approaches is the clinical, the second the provision of special educational treatment. Both have their place but in Glamorgan only the first is available for maldjusted children.

With this in mind, authority was obtained at the beginning of 1961 to start an experimental part-time class for children with problems, in accommodation previously found at Romilly Buildings, Port Talbot. The class started at half-term on 20th February.

This class was intended to provide an individual educational approach in a small group to children who needed different attention from that which could be given in a normal school environment. It was hoped that the very withdrawn child might be encouraged to emerge from the shell, that the recalcitrant child, for whom normal discipline had been unsuccessful, might be won round to co-operation, and that the unhappy child with home difficulties might profit from the support of a friendly adult during the day, support which it is not always easy to give in the large classes of a normal school. For this reason, and because of limitations imposed by the size of the accommodation, it was decided to take a maximum of six children. And as there seemed a greater number of children of secondary school age with obvious need for this type of approach, children in this age group only were started.

One very interesting point emerged at once. All the outstanding problems with which we were faced, were those of failure to attend school, or "school phobia" as it is commonly, though incorrectly, termed.

Each of the six children attending have profited in two ways.

First, they have been given the chance of renewing social links with other children of their age. Instead of sitting in isolation at home, they have gained the opportunity of learning to live again in a community other than the family, an opportunity which they lost when they proved unable to manage the strains of the larger community of a normal school.

Secondly, they have begun again to learn to be "educated" in the narrower sense of the term. It has been surprising how eager these children, with their special problems, have been to do work which could justly be described as formal. Mechanical arithmetic, for example, has proved astonishingly popular and more so as the class has settled down. There are various possible reasons for this, and it is certainly an encouraging sign of their own wish to manage normal school affairs.

The hurdle of return to their own schools has not yet been attempted. So far it has been felt sufficient to give these children the habit of daily attendance and daily education in the widest sense of the term. When their time is ripe, gradual attendance at ordinary schools will be attempted, but it must be remembered that just as retarded children fall into two broad groups, those who can be helped to return to their proper places by part-time remedial education, and those who need full-time special education at their own pace, so our experiment may show similar sorts of arrangements needed for the maladjusted.

The main problem in the establishment of this class has, as always, been time. Several individual interviews with the children and their parents have been needed in order to prepare the way for the step from home to class. Each of the schools concerned has had to be brought into the picture by informal discussion and visits, and two meetings of the Heads concerned are being held. This is to ensure the closest collaboration between the adjustment class and the schools, and to give all concerned an opportunity to discuss the careful joint handling which will be required over the period when a transition is being made between class and school.

Difficulties also arose over the establishment of the class. It would have been possible to wait until the financial arrangements for the necessary equipment and preparation of the premises were complete, but this would inevitably have meant a delay of many months, while the children concerned were not progressing. These difficulties were overcome by splendid co-operation on the part of many local bodies. The probation officers, who occupy the rest of the premises, helped in many ways. The Divisional Medical Officer lent us some chairs. The Divisional Education Office managed to find some spare canteen tables and benches. Local schools all helped by providing books, stationery, craft materials, and all the one-thousand-and-one things that are needed to get a class in motion.

But the greatest thanks are due to Mrs. E. O. Davies, the teacher, who gave up a lot of her own time to fetch material, to visit the children and parents in their homes, and even provided herself, the little cupboard which has been the only space available for storage. Apart from this, the children themselves have responded wonderfully to her very understanding handling, and this has undoubtedly been the major factor in their progress."

(f) Children with Speech Defects.

(Pupils suffering from speech defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.)

Speech therapists continue to be in short supply with the inevitable result that the service in Glamorgan is not sufficient to meet the needs. There are many children needing treatment who are unable to receive sufficient, and in some cases any, therapy.

Speech therapists have commented favourably upon the help they have been given by teachers in schools. In many instances teachers have been able to assist the clinic in correcting the speech defects of children. One unfortunate feature of the Service at the moment is that in many cases the attendance of children is irregular, and it is disappointing that there are some parents who do not ensure that their children attend when appointments are made for them.

The following table gives the number of children who have attended speech therapy clinics in recent years :—

	1954	1955	1956	1957	1958	1959	1960	1961
Total number of individual cases seen ..	1,261	1,186	1,212	1,168	1,368	1,339	955	767
Total number of attendances	13,900	11,170	11,692	10,940	12,514	11,628	7,024	6,522

SPEECH THERAPY.

Analysis of work	Division									Totals
	Aberdare and Moun-tain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath	Pontypridd and Llantrisant	Port Talbot	South-East Glamorgan	West Glamorgan	Rhondda	
Total number of individual cases seen ..	—	71	194	142	—	102	129	129	—	767
Total number of attendances ..	—	630	1,400	1,505	—	751	1,289	947	—	6,522
Number of current cases at 31st Dec., 1961	—	23	67	42	—	33	60	45	—	270
Total number of cases remaining on waiting list at 31st Dec., 1961 ..	—	6	36	63	—	10	10	2	—	127
Number of cases under observation (immediate treatment not necessary) ..	—	32	4	38	—	—	44	36	—	154
Analysis of discharged cases :										
a) Non-treatment cases—										
(i) Treatment not considered necessary ..	—	2	9	3	—	11	6	2	—	33
(ii) Failed to attend after diagnosis ..	—	—	—	12	—	2	—	6	—	20
(iii) Travelling difficulties and loss of school work ..	—	1	—	—	—	—	—	—	—	1
(iv) Unsuitable for treatment ..	—	1	—	—	—	—	—	—	—	1
Total ..	—	4	9	15	—	13	6	8	—	55
b) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health ..	—	—	—	—	—	—	—	—	—	—
(ii) Lack of parental co-operation ..	—	—	—	1	—	1	—	2	—	4
(iii) Poor attendance or non-attendance ..	—	8	48	19	—	11	12	24	—	122
(iv) Pressure of school work ..	—	2	2	—	—	—	—	—	—	4
(v) Left district ..	—	1	—	1	—	—	5	1	—	8
(vi) Left school ..	—	2	—	1	—	3	5	—	—	11
2. Discharged—speech improved ..	—	12	6	—	—	8	15	—	—	41
3. Discharged—speech normal (cured)	—	16	37	25	—	15	18	21	—	132
4. Temporarily discharged ..	—	3	30	38	—	18	8	36	—	133
Total ..	—	44	123	85	—	56	63	84	—	455
General progress of cases :										
Much improved ..	—	5	23	20	—	11	20	21	—	100
Satisfactory ..	—	12	33	15	—	18	29	14	—	121
Little improvement ..	—	6	6	7	—	4	11	2	—	36
Total ..	—	23	62	42	—	33	60	37	—	257
Table of symptoms of cases treated at clinics :										
Stammering ..	—	13	61	22	—	30	25	36	—	187
Dyslalia ..	—	37	55	45	—	28	68	49	—	282
Cleft palate ..	—	1	11	4	—	3	8	3	—	30
Deafness ..	—	1	—	1	—	1	1	2	—	6
Lateral "s" ..	—	7	16	10	—	7	9	9	—	58
Interdental "s" ..	—	4	23	24	—	12	5	14	—	82
Rhinolalia (nasality) ..	—	1	8	2	—	1	—	1	—	13
Dysarthria ..	—	—	1	4	—	—	2	1	—	8
Dysphasia ..	—	—	—	—	—	—	—	—	—	—
Dysphonia ..	—	—	—	1	—	—	—	1	—	2
Low I.Q. ..	—	1	—	11	—	1	2	—	—	15
Retarded speech ..	—	2	9	3	—	6	3	5	—	28
Aphasia ..	—	—	1	—	—	—	—	—	—	1
Total ..	—	67	185	127	—	89	123	121	—	712

TUBERCULOSIS.

B.C.G. Vaccination.

The following table shows the work done during the year in relation to B.C.G. vaccination. It will be noted that a large proportion of children are given B.C.G. vaccination before leaving school.

Division	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		Number	%	Number tested	Number negative	% negative	
Aberdare	1,026	854	83.24	788	631	80.08	631
Caerphilly	1,800	1,553	86.28	2,065	1,800	87.17	1,362
Mid-Glamorgan	2,037	1,675	82.23	1,450	1,212	83.59	1,212
Neath	657	406	61.80	394	347	88.07	343
Pontypridd	1,964	991	50.46	893	557	62.37	546
Port Talbot	1,108	903	81.50	782	655	83.76	650
South-East Glamorgan	2,570	2,243	87.28	1,937	1,448	74.75	1,440
West Glamorgan	1,850	918	49.62	756	594	78.57	587
Rhondda	2,227	1,433	64.35	1,205	850	70.54	847
Total	15,239	10,976	72.03	10,270	8,094	78.81	7,618

Serial Tuberculin Skin Sensitivity Testing.

Dr. C. J. Revington, the Divisional Medical Officer for the Caerphilly and Gelligaer area, gives the following account of a special survey conducted in that Division during 1961 :—

“At the commencement of 1961 it was decided to embark upon a Serial Tuberculin Skin Sensitivity Survey among the school children in this Division. Accordingly, an explanatory letter was issued to the parents of all children inviting them to give permission for skin testing to be carried out at yearly intervals.

As soon as permission was received testing was commenced at the Caerphilly end of the valley.

The survey involved a visit to individual schools for the skin testing of all children for whom permission had been obtained, and a further visit a week later for the reading of the result. The test was performed with a Heaf Gun using P.P.D. 2 mg./ml. At the commencement re-visits were also made in an attempt to attain 100 per cent cover by testing those who were absent at the first visit. This practice had to be discontinued owing to the time that was consumed. The total acceptances were 12,219 (86.1 per cent) and in all during the year 9,691 children were skin tested, there being 2,528 children either absent at the time of testing or at the time of re-visit for reading. The following tables show the results of this survey :—

GENERAL RESULTS.

TABLE I.

This table shows the general results obtained expressed as total figures and as percentages.

Total acceptances	12,219
Absent	2,528
Total tested	9,691
Total negatives	7,833
Total positives (all causes)	1,858
Positives due to B.C.G. only	1,247
Positives due to causes other than B.C.G.	611
Positives all causes expressed as a percentage of totals tested ..	19.2
Positives due to B.C.G. expressed as a percentage of totals tested ..	12.9
Positives due to causes other than B.C.G. expressed as a percentage of totals tested	6.3
Positives due to B.C.G. expressed as a percentage of total positives ..	67.1
Positives due to causes other than B.C.G. expressed as a percentage of total positives	32.9

TABLE II.

This table shows the total positives and negatives in each age group, also expressed as a percentage of the total tested in each age group.

Age group	No. tested	Total negative	Negatives expressed as a percentage of total tested in age group	Total positive	Positives as a percentage of total tested in age group
3+	879	815	92.7	64	7.3
6+	842	781	92.8	61	7.2
7+	862	796	92.3	66	7.7
8+	839	761	90.7	78	9.3
9+	902	812	90.0	90	10.0
10+	909	797	87.7	112	12.3
11+	959	844	88.0	115	12.0
12+	921	792	86.0	129	14.0
13+	965	831	86.1	134	13.9
14+	865	457	52.8	408	47.2
15-20	748	147	19.7	601	80.3
Total ..	9,691	7,833	80.8	1,858	19.2

TABLE III.

This table shows the positives divided into B.C.G. and natural positives by age group, both being expressed as a percentage of the total tested in each age group.

Age group	No. tested	Positive due to B.C.G.	B.C.G. Positives as a percentage of total tested in age group	Other Positives	Other Positives as a percentage of total tested in age group
3+	879	52	5.9	12	1.4
6+	842	41	4.9	20	2.4
7+	862	46	5.3	20	2.3
8+	839	49	5.8	29	3.5
9+	902	56	6.2	34	3.8
10+	909	57	6.3	55	6.1
11+	959	48	5.0	67	7.0
12+	921	46	5.0	83	9.0
13+	965	50	5.2	84	8.7
14+	865	303	35.0	105	12.1
15-20	748	499	66.7	102	13.6
Total..	9,691	1,247	12.9	611	6.3

Because of the relatively small numbers in the individual age groups 3-plus, 4-plus, and 5-plus and also in the age groups 15-plus, 16-plus, 17-plus, 18-plus, and 19-plus it was thought best to combine these respective groups in order to give a statistically adequate total.

The appended figure 1 shows the total positives, natural positives, and B.C.G. positives, all expressed as a percentage of the totals tested in each age group, in graphical form.

One of the features which arose from this survey was the increase in the percentage of naturally occurring positives between the 9-plus and 10-plus age groups, namely 3.8 per cent to 6.1 per cent and between the 13-plus and 14-plus age groups, namely 8.7 per cent to 12.1 per cent.

The B.C.G. positives show little change from year to year except when the figures become distorted by the introduction of the school B.C.G. vaccination programme at the 14-plus age groups when the percentage of B.C.G. positives in the 14-plus and 15 to 20 year groups rose to 35 per cent and 66.7 per cent, respectively.

Following the skin testing survey, in each area, children showing a positive result, of whatever degree, that could not be ascribed to B.C.G. vaccination were referred to the chest clinic for X-ray. In some areas where similar surveys have been carried out it has been thought necessary only to X-ray those naturally occurring positives falling into the Heaf grade 3 and 4 groups, but after consultation with Professor F. Heaf, who is acting Chest Physician for this Division, it was decided that it would be in the best interest of the community to X-ray all natural positives. Unfortunately, however willing the local chest clinics were to co-operate in this survey it was not possible for them to cope with the numbers concerned because of the acute shortage of radiographic staff.

However, the Mass Miniature Radiography Service kindly consented to holding four sessions at Cwmifor Junior School and the Divisional Health Office, Ystrad Mynach, for the lower half of the valley, and at Nelson Clinic and Bargoed Grammar/Technical School for the upper half. Considerable thanks are due to the County Education Department and head teachers for their co-operation in arranging these sessions. In all, 605 children were referred for X-ray but only 486 attended, representing 80·3 per cent of those referred. Eleven were found to show abnormalities but only four were referred to the Chest Physician for treatment. One of the latter, a new case of pulmonary tuberculosis, is at present in hospital.

Whilst it may seem that the numbers having abnormalities and requiring treatment are very small in comparison with the amount of work involved in conducting a survey of this nature, there are several aspects of this that have to be considered. Although it is patently advantageous to discover cases of active tuberculosis amongst school children, this is not the primary aim of this survey. The continuation of this work enables the School Health Authorities to gain a fairly accurate index of the state of tuberculous infection in the population as a whole, since the children are likely to reflect the state of health of the adult population amongst whom they live. Any marked rise in the percentage of naturally occurring positives in one or more area would indicate the need for an intensive search amongst the adult population of those areas for the source of infection. Indeed it was hoped that it would have been possible to carry out comprehensive domiciliary visits to those families in which a naturally occurring positive reactor was discovered. Unfortunately, owing to the marked shortage of Health Visitors in this Division this was not possible. It is important, however, that in succeeding years such visiting should be carried out in those cases converting from negative to positive reaction.

This survey has involved a considerable amount of administrative and clerical work some of which has unavoidably fallen upon the shoulders of the clerical staff to whom a considerable debt of thanks is owed."

With regard to case No. 2, the same procedure was adopted. All the family and close contacts were swabbed, immunised, and movements and illnesses checked. Here, however, nothing was revealed. There were no movements outside the Cimla area and no previous illnesses in the family to record. Again all nasal and faucial swabs gave negative results.

It was now time to look for and examine as many contacts as we could find, especially having regard to the fact that both children attended the same school, namely Crynallt Junior, we also had to take into account that some of the carriers from the family unit attended the Gnoll Secondary and Grammar School for Girls.

Arrangements were therefore made to take nasal and faucial swabs from all the pupils, teachers, canteen staff, and caretakers from the Crynallt Junior School and also from the pupils and staff of the Cimla Infants' School.

Four positive swabs were returned from the Crynallt Junior School, but all the swabs from the Cimla Infants were returned as negative.

The next step was to visit the homes of the so-called "carriers" and swab and offer immunisation to all the other members of the family concerned. From these we discovered another two cases—a mother and child of pre-school age. All were admitted to Groeswen Isolation Hospital, Port Talbot, for isolation and treatment.

Before leaving each school a list of absentees was obtained from the head teacher. The homes of the absentees were visited and nose and throat swabs taken from children missed at the school. From these we picked up two more, a boy and a girl this time from the Infants' School. It is interesting to note that these latter cases had not attended school for four weeks prior to 6th February.

Our next visit was to the Gnoll Secondary Modern School. Here swabs were taken from all the children of five classes which had been in contact with a carrier from case No. 1. One positive swab was obtained from a boy aged 14 years and he was also admitted to Port Talbot Isolation Hospital.

The only school now left was the Neath Grammar School for Girls. We took nose and throat swabs from three classes of girls who had also been in contact with a carrier from No. 1. Here all gave negative results.

Dr. Kwantes reported that the strain of corynebacterium obtained from the frank cases of diphtheria and all the positive swabs were similar, namely a virulent typical mitis. He further reported that the strain was sensitive to penicillin, streptomycin, tetracyclin, and chlorophenicol.

Publicity.

Having regard to the fact that this outbreak occurred at the same time as similar cases in Birmingham and London, it received much publicity locally, in the press and on radio and television. This helped us, for we wanted all the publicity we could get in order to stimulate parents to bring their children to the special immunisation clinics we had set up.

For years, we in the Division had held campaigns advocating immunisation against diphtheria and these were followed up by personal visits from the Nursing Staff. If we are to judge by the number of children brought to the clinic for immunisation, these campaigns were of no avail. But the campaigns were not a total loss, because they did have the effect of impressing on the public that diphtheria was a serious disease, and that although dormant, it was still with us and could occur at any time. It needed a stimulus such as a few cases to produce results which years of campaigning had failed to do.

Immediately it became known that there was diphtheria in town, there was a rush for immunisation. Parents brought their children who had not been immunised, others brought their children to complete the full course of injections, and older children were brought to the clinics for a "booster" dose of antigen.

Diphtheria Immunity of Child Population Prior to Present Outbreak.

When immunisation against diphtheria began in 1940, the response was remarkably good. Past records show that in 1941, 80 per cent of children in the Borough had been immunised against the disease. In the year previous to the campaign, ninety-six cases of diphtheria had been notified, with five deaths. There has been no death since and the number of notified cases dropped remarkably. The last case notified was in 1950.

With the disappearance of the disease, so did demand for immunisation decrease, at the present time our percentage rate is about 40 per cent. However, with the notification of the two cases, the population became really stirred and as I have mentioned before we were inundated with requests by parents for the immunisation of their children.

Immunisation Procedure Adopted.

During the period 8th to 25th February, a total of 4,081 children had an injection of diphtheria antigen. This figure was made up of 936 first injections, 40 received a second dose of triple antigen, 127 completed the course, and 2,971 received "booster" doses of either Formol Toxoid or T.A.F., according to age.

It soon became obvious that many parents had no idea what injections and for what purpose their children had been inoculated, and who can blame them ! The conscientious parent had brought her child up at various times for protection against whooping cough, diphtheria, and tetanus, another had brought her child for whooping cough alone, a diphtheria alone, and latterly for protection against poliomyelitis. It is true that during the last year cards had been supplied to the parents with particulars of time and type of antigen given to the child. But in many cases these had been lost or mislaid.

Therefore, before an injection could be given the record card of each child had to be found and the number of injections and type of antigen given, noted. Furthermore, the written consent of each parent had to be obtained before the injection could be performed. Under normal conditions this would have been a normal procedure delegated to a responsible clerk, but with a queue of many hundreds waiting it became necessary to put the whole clerical staff on this work.

Acknowledgements.

I would like to acknowledge the great assistance I have received from Dr. Kwantes of the Public Health Laboratory, Swansea. The number of swabs examined and the cultures prepared must have put a great strain on himself and staff.

The medical, nursing, and clerical staffs all rallied round during the emergency and many thanks are due to them for the cheerful way they carried out their duties."

SCHOOL DENTAL SERVICE.

The following is the report of Mr. H. P. R. Williams, Principal School Dental Officer :—

"With the grave shortage of dental officers, a report on the state of the Service makes depressing reading. In 1946, the County Medical Officer forecast an eventual dental staff of twenty-four whole-time officers. 1961, however, finds us reduced to one whole-time officer and a number of sessional dentists—giving time equivalent to that of seven-and-a-half whole-time officers.

The few dentists who enter the School Dental Service appear to select areas near the city where they graduated or the south coast where my dental colleagues inform me there has been a marked improvement during the year, consequently the large centres such as London, the university towns, and the south are better staffed than the industrial areas.

During 1961, Caerphilly and Gelligaer Division lost the services of Mrs. D. C. Dixon who worked four sessions a week and Mr. C. I. T. Morgan, a full-time officer, who had unfortunately been incapacitated for a very long period. It is hoped that Mrs. Dixon may return to the Service at a later date. Mr. L. D. Griffiths, however, increased his time from four to six sessions weekly.

In the South-East Glamorgan Division, Mr. John Burston terminated his whole-time appointment, but continued as a sessional officer, giving six sessions each week.

The only new appointment was that of Mr. T. A. Morgan in the Rhondda, where the overall position remains deplorable, as mentioned later in this report.

During 1961 there was a decrease in the number of children inspected from 26,265 in 1960 to 19,557, of whom 11,423 were periodic inspections and 8,134 were treated as specials.

The number of fillings, 9,999 in 9,235 teeth compares with 12,935 fillings in 11,805 teeth in the previous year.

Extractions in 1961 totalled 19,993 (6,946 permanent and 13,047 temporary teeth). The equivalent figures for 1960 were 26,359 (8,017 permanent and 18,342 temporary).

6,291 general anaesthetics were given for the removal of teeth.

These figures are very disappointing and are due to the decline in dental officers time available from 5,596 sessions in 1960 to 4,432 sessions in the year under review. Unfortunately too, this shortage of available time gives rise to more children having to be dealt with as special cases needing emergency treatment. If time were available for regular dental inspections at school, most of these children would be referred for treatment much earlier, when they would benefit from conservative treatment instead of losing their teeth.

Two-hundred-and-sixty-seven children were fitted with artificial dentures. Whilst some of these may be due to the unavailability of our service, it is more usually due to neglect by the children (or their parents). Often no anxiety is shown regarding the condition of the child's dentition until the last year at school.

In the Rhondda Excerpted District, no conservative work whatsoever was carried out, the service being reduced purely to an emergency service for the relief of pain. This position has arisen owing to our inability to fill the vacancy caused by the untimely death of Miss Byrne in 1960. At present, Mr. T. A. Morgan and Mr. A. R. Owen each give one session—a total of two sessions each week for a school population of over 16,000 children.

In the Aberdare and Mountain Ash Division no general anaesthetics were given for the extraction of teeth.

The Orthodontic Service shows a similar decline as our dental officers can devote only a small proportion of their limited time to the simpler type of case with a good hope of success. The more difficult cases, which would require an undue proportion of time, have to be referred to dental consultants specialising in this work.

During the year 189 new orthodontic cases were treated together with 266 whose treatment had commenced in previous years. They made a total of 2,180 attendances. Ninety-three of these were successfully completed, but a further eighty were discontinued owing to the patients' lack of perseverance in attending the clinic or wearing the appliance.

During the year we were able to make some improvement in the clinic facilities, as follows :—

<i>Bridgend Clinic</i>	..	A new dental unit with operating light.	New dental cabinet.
<i>Tonyprefail Clinic</i>	..	A new Walton gas apparatus (Mark V).	
<i>Pontycymmer Clinic</i>	..	A new dental chair.	
<i>Cymmer Clinic</i>	..	Structural alterations.	
<i>Penclawdd</i>	..	A new portable electric dental engine.	

Much remains to be done to modernise our clinics but it must be appreciated that our services are so spread out that only one or two sessions each week are held at the majority of our clinics. Unless much greater use can be made of a clinic it would be difficult to justify the cost of modernisation. On the other hand, out-dated clinic facilities do not assist recruitment of staff.

The importance of strict dental hygiene is always emphasised by our limited staff. Instructive and attractive posters dealing with the benefits of good oral hygiene and dental care are displayed in our clinic waiting rooms. I would like to see similar displays in the waiting rooms of general practitioners who would assist us in our "Good Teeth" crusade. Displayed there they would reach a wider field.

Whilst we advocate the practice of dental hygiene, much of our effort with school children is frustrated by the minor tuck shops opened during "play time" for the sale of biscuits and sweet-meats at certain schools. Smaller children are often influenced by the fact that their teachers run the tuck shop and usually the biggest spending are those children with the worst teeth. I sincerely hope that more will follow the lead of certain head teachers in banning biscuits and sweets in their schools and so make a positive contribution to our campaign of promoting good dental health with its many benefits.

September, 1962, will see the inauguration of a very interesting experiment by the Government. Some 120 girls are at present undergoing training as dental auxiliaries at New Cross Hospital, London. Sixty girls will have completed their training in July and next September they will be allocated to authorities throughout the County. Their duties will consist of the easier type of dental fillings, simple extractions, and the teaching of dental hygiene. They will only be allowed to work in clinics under the personal supervision of a dental surgeon. This presents some difficulty to our Authority as we have very few clinics where it is possible to have a second surgery. Further, unless our staffing position improves in the near future, the supervision of dental auxiliaries will be quite a problem.

In 1962 we hope to appoint three new Area dental officers. It is hoped that the improved salary attached to these posts will attract young dental surgeons to the school service. Should this venture prove successful we hope in 1963 to add a further three Area officers to the staff and by 1964 complete the remaining divisions".

HEALTH VISITING.

The annual post-graduate course for health visitors was held at Dyffryn House during Whitsun week. The course was held on similar lines to previous years, with the accent on mental health.

Thirty-five health visitors attended the course and the following is the programme of lectures :—

Subject	Lecturer
Inaugural Address	Dr. W. E. Thomas.
Mental Health and Local Authority Services ..	Dr. R. T. Bevan.
Emotional Problems of the Adolescent	Dr. Delfun Lewis.
Psychosomatic Illness	Dr. J. P. Spillane.
Educationally Subnormal Children	Dr. Phillip Williams.
Psychiatric Social Workers—After-Care Services	Mrs. M. R. Thomas.
Child Guidance	Dr. G. Roberts.
Subnormality	Dr. T. B. Jones.
Mental Health and the Expectant Mother and Ante-natal Classes	(Demonstration by Health Visitors Mrs. O. Jones and Miss M. V. Smith)
Mental Illness and the Aged	Dr. Marshall W. Annear.
Social Clubs in relation to Mental Health ..	Dr. T. P. Riordan.
Mental Illness and Pregnancy	Dr. W. Linford Rees.
The Prognosis in Mental Illness	Dr. W. Linford Rees.

In addition, visits of interest were paid to the following :—

Whitchurch Hospital ;
Llandarcy Oil Refinery ;
Rhoose Airport.

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

New entrants to the County Council's service are required to complete a questionnaire prepared by the County Medical Officer, a medical examination being arranged only if the necessity for one is indicated by the completed questionnaire. All new entrants to the Authority's teaching service are required to undergo chest X-ray examination, and the appropriate arrangements are made with local chest clinics and mass radiography units.

During the year, 1,415 new entrants to the County service completed the medical questionnaire. Of these, 201 were referred for medical examination and 776 for chest X-ray examination. These figures included 278 new entrants to the County Teaching Service of whom 32 were referred for medical examination and 240 for chest X-ray examination.

Under the Ministry of Education regulations all new entrants to the teaching profession must be medically examined. Eighty such examinations were carried out including 22 on behalf of other authorities. In addition, 470 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four-hundred-and-thirteen miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc), were carried out.

NEW SCHOOLS OR ADDITIONS TO SCHOOLS.

During the year the County Architect completed the following new schools or additions to schools :—

Aberdare Boys' Grammar School	..	..	Kitchen/dining-assembly hall.
Blaendulais Secondary School	..	..	New school.
Bryn Celynnog Secondary School	..	..	Extensions.
Caerffili Girls Grammar School	..	..	Kitchen/dining-assembly hall.
Hawthorn Secondary School	..	..	Gymnasium.
Heol Gam Secondary School	..	..	Extensions.
Pencoed Primary School	..	..	Kitchen.
Penarth Secondary School	..	..	Extensions.
Penyfai Primary School	..	..	New school.
Porthcawl Secondary School	..	..	Laboratory
Rhiwbeina Primary School	..	..	New school.
Sandfields No. 4 Primary School	..	..	New school.
Sully Primary School	..	..	Kitchen.
Ystrad Mynach Girls' Secondary School	..	..	Laboratory.

INSPECTION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

(a) Boarded-out Children.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	—	9	10	12	8	5	16	1	7	68
Reinspection	29	21	38	22	64	10	29	33	24	270
Number referred for treatment ..	6	5	6	3	9	3	9	10	13	64

(b) Children in Children's Homes.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	4	—	57	14	59	—	—	—	—	134
Reinspection	40	—	110	60	173	—	—	—	—	383
Number referred for treatment ..	7	—	29	9	15	—	—	—	—	60

(c) Children in Family Homes.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	—	1	15	3	2	3	16	14	4	58
Reinspection	—	7	24	21	10	19	46	26	4	157
Number referred for treatment ..	—	1	16	7	1	5	12	8	5	55

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION

**OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL
HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1961.**

1. ESTABLISHMENT OF MEDICAL OFFICERS.

The following medical officers were available for work within the School Medical Service during 1961 :—

- (1) Dr. E. G. Watkins.
- (2) Dr. A. C. Stewart.
- (3) Dr. J. P. Clarke.
- (4) Dr. J. Mason.
- (5) Dr. N. C. Osborn.

The type of work carried out by session and individual doctor is shown in Table I.

TABLE I.

TABLE SHOWING DISTRIBUTION OF DOCTOR'S
TIME BY TYPE OF WORK CARRIED OUT.

	Routine medical inspections	B.C.G. vaccination	Poliomyelitis vaccination	Maternity and child welfare	Others: school clinics, specials, etc.
(1) Dr. E. G. Watkins ..	87	19	37	71	104
(2) Dr. A. C. Stewart ..	61	43	32	33	109
(3) Dr. J. P. Clarke ..	82	25	64	21	170
(4) Dr. J. Mason ..	58	—	3	37	7
(5) Dr. N. C. Osborn ..	75	—	4	68	3

2. ROUTINE MEDICAL INSPECTION.

During 1961, this type of examination was restricted to entrants and those pupils at primary schools who had not been previously examined. Table II shows the number of pupils examined by year of birth.

TABLE II.

DISTRIBUTION OF PUPILS UNDERGOING ROUTINE MEDICAL
EXAMINATION BY YEAR OF BIRTH AND PHYSICAL CONDITION

Age groups inspected (by years of birth)	Number of pupils inspected	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
		No.	No.
1957 and later ..	833	833	—
1956	520	520	—
1955	110	110	—
1954	59	59	—
1953	109	109	—
1952	176	176	—
1951	204	204	—
1950	207	207	—
1949	—	—	—
1948	—	—	—
1947	—	—	—
1946	—	—	—
Total	2,218	2,218	—

The routine medical examinations previously undertaken in respect of pupils reaching their last year in the junior schools was replaced by a scheme in which the visiting medical officer invited the teaching staffs to bring forward any pupils about whom they were concerned. Initially, the scheme tended to lose its purpose by the referral of children already well-known to the Department, but with the passage of time and the acceptance of the new role of the medical officer, the scheme has proved quite effective. It has also produced a better liaison between the school and the visiting medical officer.

In addition to this new approach to the junior school children, audiometry and vision testing is being carried out on all 8 and 12 year olds.

For the school-leaver group, routine medical inspection was replaced by an interview at which a detailed questionnaire was completed. If the doctor then felt an examination to be required this was carried out at the school or at a school clinic.

The questionnaire used is shown in Table III which also summarises the positive responses of all the children seen.

TABLE III

TABLE SHOWING SUMMARY OF RESPONSES OF SCHOOL-LEAVERS EXAMINED IN 1961*

Has pupil suffered from any of the following illnesses	County Secondary School		County Grammar School	
	Boys	Girls	Boys	Girls
(a) (i) Tuberculosis—Pulmonary	3	7	2	1
Non-Pulmonary	1	—	—	1
(ii) Pleurisy	5	4	3	5
(b) Asthma	16	4	8	13
(c) Hay Fever	8	10	5	12
(d) Any other disease of the lungs (e.g. bronchitis)	39	85	41	95
(e) Rheumatic fever, rheumatism, or arthritis ..	22	31	12	12
(f) Heart disease	10	9	2	6
(g) Fits, mental or nervous disease	24	13	5	10
(h) Rupture, back strain or other disabling conditions	18	18	2	8
(i) Any trouble with—				
(i) Stomach, bowels or digestion	45	52	7	9
(ii) Kidneys	4	9	2	14
(iii) Other organs not mentioned above	9	15	4	17
(j) Skin disease (e.g. eczema)	29	45	20	36
(k) Otitis media or other ear defects	61	49	23	30
(l) Serious accident(s) including fractures	109	67	59	42
(m) Surgical operations including appendicectomy ..	119	119	82	95
(n) Any illness not listed	54	222	131	195
(o) Does pupil wear glasses	59	89	71	123
(p) Has pupil been receiving medical treatment during the past twelve months? If so, give details	172	129	53	103
(q) Does pupil ordinarily enjoy good health ..	340	384	189	256
<i>Social—</i>				
(r) Does child smoke? If so, how many per week?	154	68	69	33
(s) Does child belong to a youth club, boy's club, etc.	178	198	114	96
Total number of pupils interviewed	355	398	191	260

* For County Secondary school children aged 14–15 years; for County grammar school children aged 15–16 years.

(The large number of positive responses recorded under (n) referred in the main to a previous history of the childhood infectious diseases).

It is interesting to note that although 40 per cent County secondary pupils and 34 per cent County grammar pupils interviewed had received some form of medical attention in the preceding twelve months, 96 per cent of the former and 99 per cent of the latter said they ordinarily enjoyed good health.

Of the non-medical questions asked at the interview, the information obtained in respect of smoking habits is further analysed below.

TABLE IV

TABLE SHOWING SMOKING HABITS OF PUPILS
INTERVIEWED BY SEX AND TYPE OF SCHOOL ATTENDED

Type of school attended	Number of pupils interviewed	Number of pupils smoking stated amount per week				
		1—	5—	10—	15—	20—
County Secondary Boys	355	(18%) 28	(21%) 33	(16%) 25	(9%) 14	(35%) 54
Girls	398	(69%) 47	(21%) 14	(7%) 5	(1.5%) 1	(1.5%) 1
County Grammar Boys	191	(8.7%) 6	(7.2%) 5	(4.3%) 3	(10%) 7	(70%) 48
Girls	260	(63.6%) 21	(9.1%) 3	(9.1%) 3	(18.2%) 6	
All Schools Boys	546	(15.2%) 34	(17%) 38	(12.6%) 28	(9.4%) 21	(45.7%) 102
Girls	658	(67%) 68	(16.8%) 17	(7.9%) 8	(0.99%) 1	(6.9%) 7

Of the 355 boys in County secondary schools interviewed, 43 per cent gave a history of smoking ; of the 398 County secondary girls seen, sixty-eight smoked, i.e. 17 per cent ; of the 191 boys and 260 girls at County grammar schools the percentages who smoked were 36 per cent and 13 per cent, respectively.

The smoking habits of children revealed in the present study once again emphasises the tremendous problem which faces the promotion of any health education campaign in respect of the dangers of smoking. It has long been recognised that smoking in school children is almost an occupational hazard but in the past it tended to be a habit to be pursued only with the greatest discretion. Nowadays it is not uncommon for it to be indulged in openly, with either the approval or indifference of many parents.

Although the dangers of smoking are constantly brought to the attention of school children, one feels that the weaning of the young from cigarettes is likely to be an extremely long-drawn out process.

As regards out-of-school activities, 60 per cent County grammar boys and 50 per cent County secondary boys interviewed attended some form of youth organisation whilst only 37 per cent of the County grammar school girls and 49 per cent of the County secondary girls belonged to such organisations.

Though feelings as to choice of career tend to undergo marked changes in this age-group, the information obtained at interview is shown in Table V.

TABLE V.

TABLE SHOWING CAREERS WHICH CHILDREN INTERVIEWED SAID THEY WOULD LIKE TO PURSUE.

Type of school	Total interviewed	Number who indicated	Law	Medicine and Dental	Academic Teaching, etc.	Nursing	Social Science	Commercial	Music	Building	Engineering	Hairdressing	Factory Work	Domestic	Shop Assistants, etc.	Baths Attendant	Post Office	Police and Forces	Miscellaneous
County Secondary (Girls)																			
Treherbert	51	49	—	—	—	9	—	3	—	—	—	5	19	—	7	1	—	4	1
Treorchy	16	16	—	—	—	6	—	3	—	—	—	—	5	—	1	—	—	1	—
Bronllwyn	36	34	—	—	—	8	—	6	—	—	—	2	7	—	10	—	—	—	1
Bodringallt	15	14	—	—	—	5	—	—	—	—	—	1	5	—	1	—	—	1	1
Blaenclydach	57	54	—	—	—	7	—	15	—	—	—	6	5	—	15	—	—	2	4
Trealaw	15	14	—	—	—	2	—	2	—	—	—	5	2	—	3	—	—	—	—
Craig-yr-Eos	25	24	—	—	—	3	—	5	—	—	—	1	4	—	7	—	—	2	2
Cymmer	40	39	—	—	—	5	—	4	—	—	—	8	7	1	10	—	—	—	4
Llwyncelyn	41	37	—	—	—	9	—	10	—	—	—	6	6	2	4	—	—	—	—
Ynyshir	16	16	—	—	—	2	—	2	—	—	—	3	3	—	6	—	—	—	—
Hendrefadog	36	36	—	—	—	2	—	13	—	—	—	7	5	—	6	—	—	1	2
Ferndale	50	48	—	—	—	7	—	9	—	—	—	7	10	1	8	—	—	—	6
Total	398	381	—	—	—	65	—	72	—	—	—	51	78	4	78	1	—	11	21
County Grammar (Girls)																			
Pentre Grammar	77	77	1	1	39	7	1	13	1	—	—	1	—	1	1	—	—	1	10
Tonypandy Grammar ..	43	41	—	—	24	4	1	7	—	—	—	—	—	—	—	—	—	—	5
Porth County	66	65	—	3	40	4	2	7	1	—	—	—	2	—	—	—	—	—	6
Porth Grammar Technical..	39	39	—	1	23	4	—	7	—	—	—	—	1	—	—	—	—	2	1
Ferndale Grammar ..	35	24	—	1	10	1	1	8	—	—	—	—	—	—	—	—	—	—	3
Total	260	246	1	6	136	20	5	42	2	—	—	1	3	1	1	—	—	3	25

TABLE V—*continued.*

TABLE SHOWING CAREERS WHICH CHILDREN INTERVIEWED SAID THEY WOULD LIKE TO PURSUE.

Type of school	Total interviewed	Number who indicated	Law	Medicine and Dental	Academic Teaching, etc.	Nursing	Social Science	Commercial	Music	Building	Engineering	Hairdressing	Factory Work	Domestic	Shop Assistants, etc.	Manual and Labouring	Post Office	Police and Forces	Colliery	Miscellaneous
County Secondary Boys																				
Treherbert	15	14	—	—	—	—	—	1	—	2	2	1	2	—	—	—	—	1	—	5
Treorchy	14	13	—	—	1	2	—	—	—	—	2	—	2	—	1	—	—	—	2	4
Bronllwyn	19	18	—	—	—	—	—	—	—	7	5	—	2	—	—	—	—	—	—	4
Bodringallt	12	12	—	—	—	—	—	2	—	1	2	—	2	—	—	—	—	—	—	5
Blaenclydach	21	17	—	—	1	—	—	1	—	3	2	—	3	—	—	—	—	1	1	5
Trealaw	39	34	—	—	—	—	—	1	—	14	1	—	6	—	2	—	—	1	1	8
Craig-yr-Eos	52	48	—	—	—	—	—	1	—	5	10	—	12	—	1	3	—	5	3	8
Cymmer	28	26	—	—	—	—	—	1	—	5	4	—	—	—	—	1	—	2	—	13
Llwyncelyn	39	35	—	—	1	—	—	—	—	7	12	—	1	—	—	—	—	—	—	14
Islwyn	48	33	—	—	—	—	—	1	—	10	10	—	5	—	—	—	—	2	1	3
Hendrefadog	33	31	—	—	—	—	—	1	—	10	9	—	1	—	—	—	—	—	1	9
Ferndale	35	27	—	—	—	—	—	1	—	6	3	—	6	—	—	—	—	1	3	7
Total	355	308	—	—	3	2	—	10	—	70	62	1	42	—	4	4	—	13	12	85
County Grammar (Boys)																				
Pentre Grammar ..	70	65	—	4	13	—	—	12	—	—	16	—	—	—	—	—	—	4	—	16
Tonypandy Grammar	19	15	—	—	3	—	—	4	—	—	3	—	—	—	—	—	—	—	—	5
Porth County	51	49	—	7	10	—	—	4	—	—	9	—	1	—	—	—	—	2	—	16
Ferndale Grammar ..	51	45	—	—	16	1	—	9	—	—	9	—	—	—	—	—	—	4	—	6
Total	191	174	—	11	42	1	—	29	—	—	37	—	1	—	—	—	—	10	—	43

3. DEFECTIVE VISION.

During 1961, only seventeen children were examined at Local Authority Refraction Clinics compared with 265 in the previous year. This represented quite a serious state of affairs but fortunately one of the medical officers employed in the Department became qualified to undertake this work at the end of the year. Consequently, there should be a marked improvement in the service during 1962.

4. ORTHOPAEDIC SERVICE.

Mrs. M. Edwards continued to be available in this service and in conjunction with the Departmental medical staff and the consultant services of Mr. D. N. Rocyn Jones, a good deal of work was carried out during the year. Because of the lack of hospital physiotherapists quite a good deal of hospital practice is carried out by the Local Authority service and this is a situation which necessitates early consultation between the local hospitals and Local Authority. Table VI gives details of work done during the year.

TABLE VI.

TABLE SHOWING TYPE AND NUMBER OF TREATMENT
CARRIED OUT AT ORTHOPAEDIC CLINICS, 1961

Total number of sessions	Total number of attendances	Number attending for first time	Disposal			Number of treatments							
			For physiotherapy	For consultant opinion	Given advice	Massage	Electrical	U.V.L.	Exercises	Plasters	Insoles	Shoe fittings	Other
416	1,449	606	81	54	16	358	300	81	859	115	406	288	455

5. DENTAL TREATMENT.

This service continues to be seriously under-staffed and as a consequence no children received routine dental inspection at school during 1961. However, 973 were treated by the two sessional dental officers during their once weekly sessions.

6. INFECTIOUS DISEASES.

The following are the numbers of notifications of various diseases amongst children during the year :—

TABLE VII.

Scarlet Fever	..	..	..	..	55
Whooping Cough	..	..	..	..	7
Measles	..	..	..	..	1,490
Dysentery	..	..	..	..	14
Acute pneumonia, primary	..	..			12
Acute pneumonia, influenzal				..	2
Food poisoning	..	..	..	..	3

PREVENTION OF TUBERCULOSIS.

Our programme of B.C.G. vaccination was continued during the year and Table VIII summarises the work done.

TABLE VIII.

TABLE GIVING DETAILS OF B.C.G. VACCINATION IN CHILDREN AGED 13 YEARS AND OVER.

School or Further Education establishment	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		Number	%	Number tested	Number negative	% positive	
Blaenclydach Secondary Boys ..	71	39	54.92	33	30	90.91	30
Blaenclydach Secondary Girls ..	76	23	30.26	20	9	45.00	9
Bodringallt Secondary Modern ..	55	50	90.91	42	37	88.10	37
Bronllwyn Secondary Boys	71	51	71.83	46	34	73.91	34
Bronllwyn Secondary Girls	58	44	75.86	40	33	82.50	32
Craig-yr-Eos Secondary Boys ..	92	39	42.39	34	20	58.82	18
Craig-yr-Eos Secondary Girls ..	64	53	82.81	40	23	57.50	23
Cymmer Secondary Modern ..	89	56	62.92	44	31	70.45	31
Ferndale Secondary Boys	93	60	64.52	45	26	57.78	26
Ferndale Secondary Girls	94	26	27.66	17	13	76.47	13
Ferndale Grammar	132	114	86.36	99	67	67.68	67
Hendrefadog Secondary Modern ..	128	62	48.44	49	26	53.06	26
Islwyn Secondary Boys	48	7	14.58	5	5	100.00	5
Llwyncelyn Secondary Modern ..	45	39	86.67	31	13	41.94	13
Pentre Grammar	295	250	84.75	216	166	76.85	166
Porth County Boys	128	90	70.31	80	63	78.75	63
Porth County Girls	72	55	76.39	48	34	70.83	34
Porth Grammar Technical	114	62	54.39	60	37	61.67	37
Tonypandy Grammar	111	87	78.38	78	58	74.36	58
Tonypandy R.C.	15	11	73.33	11	7	63.64	7
Trealaw Secondary Modern	98	49	50.00	40	25	62.50	25
Treherbert Secondary Boys	50	40	80.00	33	24	72.73	24
Treherbert Secondary Girls	78	36	46.15	23	18	78.26	18
Treorchy Secondary Modern ..	98	81	82.65	65	49	75.38	49
Ynyshir Secondary Girls	52	9	17.31	6	2	33.33	2
Total	2,227	1,433	64.35	1,205	850	70.54	847

Once again this table shows the very variable rate of acceptance of B.C.G. vaccination despite all efforts to encourage parents and children to participate in this scheme.

7. HANDICAPPED CHILDREN.

As a result of school visits, children found to have physical defects which merited some special recommendation as to education, were examined with a view to classification as handicapped pupils. During the year two partially-sighted, one deaf, and one maladjusted were so classified.

8. CHILD GUIDANCE CLINIC.

The fortnightly Child Guidance clinic held at Ystrad Clinic continued to be manned by Dr. K. W. Aron, Consultant Psychiatrist, and Mrs. A. D. Lewis, Educational Psychologist.

During 1961, forty-seven new cases were seen at the clinic.

9. HOSPITALISED ACCIDENTS IN CHILDHOOD.

As from 1st July, 1961, reports of hospitalised accidents in childhood were made the subject of detailed follow-up. This enabled the health visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age.

Of the 108 hospitalised accident cases, seventy-five were boys and thirty-three girls, and 63 per cent of the cases occurred in the 5-15 age range.

There were seventy-seven accidents outside the home. Thirty-nine occurred in the roadway, and in twenty-one cases vehicular traffic was involved. An analysis of the accidents shows no marked tendency for grouping of accidents on any particular day though analysis of time shows that 63 per cent occurred between 3 p.m. and 8 p.m.

Seventeen accidents occurred in playgrounds.

The nature of injury is shown below :—

Nature of injury	Number affected
Fracture	56
Dislocation and sprain	8
Internal injury	4
Wounds and lacerations	37
Foreign bodies	3
Total	108

10. PREVENTION OF TUBERCULOSIS—SERIAL SKIN TESTING.

The first year follow-up of the serial skin testing programme initiated in the Rhondda Fach in 1960 was carried out during the latter part of 1961. Because of the large number of absentees, the investigation could not be completed until mid-1962, and so a full description of the findings will be published in a later report. However, Table IX gives a break-down by age and positivity of these tested in 1961.

TABLE IX.

TABLE SHOWING DISTRIBUTION OF RHONDDA FACH
SCHOOL CHILDREN BY AGE AND RESULT OF HEAF TEST

Age	Not tested	Negative	Natural positive					B.C.G. positive					Total positive	Total tested
			+1	+2	+3	+4	Total	+1	+2	+3	+4	Total		
2	—	2	—	—	—	—	—	1	—	—	—	1	1	3
3	44	54	—	—	—	—	—	3	—	—	—	3	3	57
4	97	154	—	—	—	—	—	15	—	—	—	15	15	169
5	102	228	2	—	—	—	2	19	—	—	—	19	21	249
6	70	224	6	1	—	—	7	30	6	—	—	36	43	267
7	59	208	6	1	1	—	8	42	6	—	—	48	56	264
8	68	261	12	3	—	—	15	35	1	—	—	36	51	312
9	58	230	12	2	—	—	14	36	5	1	—	42	56	286
10	70	264	4	4	2	1	11	43	3	2	—	48	59	323
11	49	250	8	12	3	—	23	19	9	—	—	28	51	301
All Ages	617	1,875	50	23	6	1	80	243	30	3	—	276	356	2,231

It is intended to follow up the converters and also to investigate the significance of the Heaf I reaction.

Details of these findings will be published in a later report.

STATISTICAL APPENDIX.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—					
Entrants	..	..	..	..	1,463
Second Age Group	..	..	..	..	755
Third Age Group	..	..	..	..	—
Total	..	..	..	..	2,218
Number of other Periodic Inspections					
	..	..	..	..	—
Grand Total	..	..	..	..	2,218

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	3,399
Number of Re-Inspections	..	..	..	..	793
Total	..	..	..	..	4,192

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO
REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH
VERMIN).

Age groups inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants	1	241	241
Second Age Group	6	83	85
Third Age Group	—	—	—
Total	7	324	326
Additional Periodic Inspections ..	—	—	—
Grand Total	7	324	326

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I A.

Age groups Inspected (1)	Number of pupils inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants	1,463	1,463	100·0	—	—
Second Age Group ..	755	755	100·0	—	—
Third Age Group ..	—	—	—	—	—
Total	2,218	2,218	100·0	—	—

TABLE II.

INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	43,248
(b) Total number of individual pupils found to be infested	1,106
(c) Number of individual pupils in respect of whom cleansing notices were issued (section 54(2), Education Act, 1944)	22
(d) Number of individual pupils in respect of whom cleansing orders were issued (section 54(3), Education Act, 1944)	—

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR.

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	Requiring treatment (2)	Requiring observation (3)	Requiring treatment (4)	Requiring observation (5)
Skin	2	105	10	23
Eyes—(a) Vision	7	48	17	17
(b) Squint	27	41	5	8
(c) Other	7	41	2	6
Ears—(a) Hearing	10	45	2	109
(b) Otitis Media	1	33	5	7
(c) Other	7	35	3	5
Nose or Throat	22	213	18	28
Speech	7	47	11	16
Lymphatic Glands	—	156	1	7
Heart	5	87	—	37
Lungs	10	113	8	51
Development—(a) Hernia	—	20	—	—
(b) Other	—	28	—	4
Orthopaedic—(a) Posture	16	32	12	1
(b) Feet	199	274	58	22
(c) Other	45	73	23	27
Nervous System—(a) Epilepsy	2	26	5	5
(b) Other	—	26	—	10
Psychological—(a) Development	—	22	—	19
(b) Stability	—	6	—	1
Abdomen	—	8	2	15
Other	—	9	—	20

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

GROUP I.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of refraction (including squint)	17	—
Total	17	—
Number of pupils for whom spectacles were prescribed	4	—

GROUP II.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment :—		
(a) For diseases of the ear	—	27
(b) For adenoids and chronic tonsillitis	—	374
(c) For other nose and throat conditions	—	—
Received other forms of treatment	—	—
TOTAL	—	401

GROUP III.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients' departments	606	14

GROUP IV.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Pupils treated :—		
(a) Under Child Guidance arrangements ..	47	—
(b) Under Speech Therapy arrangements ..	—	—
Total	47	—

GROUP V.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	—	17
(b) Other :—		
(i) Genito urinary system	—	42
(ii) Digestive system	—	56
(iii) Infections	—	20
(iv) Epilepsy	—	24
(v) Other medical conditions	—	385
(vi) Accidents	—	96
Total	—	640

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(a) Number of pupils inspected by the Authority's dental officers :—	
(i) Periodic age groups	973
(ii) Specials	973
Total	973
(b) Number found to require treatment	973
(c) Number offered treatment	1,296
(d) Number actually treated	973
(e) Attendances made by pupils for treatment	1,101
(f) Half days devoted to—inspection	73
treatment	73
Total (f)	73

STATISTICAL APPENDIX.

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

(I) SUMMARY IN AGE GROUPS.

Age groups inspected (by years of birth)	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED			
		Satisfactory		Unsatisfactory	
		No.	Percentage of col. 2	No.	Percentage of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	3,113	3,108	99·84	5	0·16
1956	5,270	5,234	99·32	36	0·68
1955	1,862	1,850	99·36	12	0·64
1954	573	572	99·83	1	0·17
1953	472	472	100·00	—	—
1952	500	496	99·20	4	0·80
1951	515	514	99·81	1	0·19
1950	495	493	99·60	2	0·40
1949	162	161	99·38	1	0·62
1948	199	198	99·50	1	0·50
1947	3,418	3,391	99·21	27	0·79
1946 and earlier	2,989	2,966	99·23	23	0·77
Total	19,568	19,455	99·42	113	0·58

(II) SUMMARY IN DIVISIONS.

Division	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED			
		Satisfactory		Unsatisfactory	
		No.	Percentage of col. 2	No.	Percentage of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Aberdare and Mountain Ash ..	2,141	2,138	99·86	3	0·14
Caerphilly and Gelligaer ..	1,735	1,727	99·54	8	0·46
Mid-Glamorgan	2,224	2,222	99·91	2	0·09
Neath and District	1,815	1,794	98·84	21	1·16
Pontypridd and Llantrisant ..	1,710	1,706	99·77	4	0·23
Port Talbot and Glyncoirwg ..	1,590	1,590	100·00	—	—
South-East Glamorgan	3,058	2,993	97·87	65	2·13
West Glamorgan	3,077	3,067	99·68	10	0·32
Rhondda	2,218	2,218	100·00	—	—
Total	19,568	19,455	99·42	113	0·58

PART I—continued.**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).****(I) SUMMARY IN AGE GROUPS.**

Age groups inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1957 and later	21	494	456
1956	129	708	775
1955	58	219	260
1954	9	40	48
1953	11	28	35
1952	7	22	27
1951	8	28	34
1950	7	36	43
1949	10	29	36
1948	6	14	20
1947	218	283	465
1946 and earlier	257	312	494
	741	2,213	2,693

(II) SUMMARY IN DIVISIONS.

Division	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
Aberdare and Mountain Ash ..	48	300	279
Caerphilly and Gelligaer	101	124	208
Mid-Glamorgan	39	128	166
Neath and District	54	200	240
Pontypridd and Llantrisant ..	58	189	215
Port Talbot and Glyncoirwg ..	85	93	164
South-East Glamorgan	319	679	889
West Glamorgan	30	176	206
Rhondda	7	324	326
Total ..	741	2,213	2,693

PART I—*continued.*

TABLE C.—OTHER INSPECTIONS.

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash ..	619	863	1,482
Caerphilly and Gelligaer	645	2,233	2,878
Mid-Glamorgan	636	1,371	2,007
Neath and District	75	1,457	1,532
Pontypridd and Llantrisant ..	289	1,010	1,299
Port Talbot and Glyncoirwg ..	406	1,423	1,829
South-East Glamorgan	584	1,071	1,655
West Glamorgan	96	485	581
Rhondda	3,399	793	4,192
Total	6,749	10,706	17,455

PART I—continued.

TABLE D.

(I) INFESTATION WITH VERMIN.

	Glamorgan	Rhondda	Total
(i) Total number of examinations in the schools by the school nurses or other authorised persons	207,644	43,248	250,892
(ii) Total number of individual pupils found to be infested	5,287	1,106	6,393
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	22	22
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—

(II) UNCLEANLINESS.

SHOWING THE RESULT OF THE EXAMINATION AND RE-EXAMINATION OF PUPILS IN REGARD TO CLEANLINESS BY THE SCHOOL NURSES.
BOYS.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations ..	12297		8640		12958		11501		13226		9882		12630		19640		21605		122379	
Head—																				
Clean ..	12160	98·89	8477	98·11	12811	98·87	11435	99·43	12969	98·06	9835	99·52	12446	98·54	19578	99·68	21304	98·61	121015	98·89
Nits ..	133	1·08	158	1·83	144	1·11	65	0·56	250	1·89	45	0·46	179	1·42	62	0·32	298	1·38	1334	1·09
Pediculi and sores	4	0·03	5	0·06	3	0·02	1	0·01	7	0·05	2	0·02	5	0·04	—	—	3	0·01	30	0·02
Body—																				
Clean ..	12290	99·94	8616	99·72	12902	99·57	11497	99·97	13195	99·76	9852	99·70	12618	99·90	19640	100·00	21580	99·88	122190	99·846
Dirty ..	7	0·06	24	0·28	56	0·43	4	0·03	30	0·23	30	0·30	10	0·08	—	—	25	0·12	186	0·152
Vermineous	—	—	—	—	—	—	—	—	1	0·01	—	—	2	0·02	—	—	—	—	3	0·002
Clothing—																				
Clean ..	12288	99·93	8596	99·49	12909	99·62	11477	99·80	13176	99·62	9853	99·71	12609	99·83	19636	99·98	21574	99·86	122118	99·79
Dirty ..	9	0·07	44	0·51	49	0·38	24	0·20	50	0·38	29	0·29	21	0·17	4	0·02	31	0·14	261	0·21
No. of re-examinations	223	—	309	—	446	—	268	—	814	—	356	—	246	—	122	—	297	—	3081	—
Head—																				
Clean ..	128	57·40	151	48·87	217	48·65	176	65·67	649	79·73	280	78·65	184	74·80	95	77·87	126	42·43	2006	65·11
Nits ..	92	41·26	155	50·16	225	50·45	92	34·33	159	19·53	75	21·07	61	24·80	27	22·13	169	56·90	1055	34·24
Pediculi and sores	3	1·34	3	0·97	4	0·90	—	—	6	0·74	1	0·28	1	0·40	—	—	2	0·67	20	0·65
Body—																				
Clean ..	221	99·10	299	96·76	309	69·28	257	95·90	801	98·40	315	88·48	237	96·34	118	96·72	287	96·63	2844	92·31
Dirty ..	2	0·90	10	3·24	137	30·72	11	4·10	13	1·60	41	11·52	9	3·66	4	3·28	10	3·37	237	7·69
Vermineous	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clothing—																				
Clean ..	219	98·21	297	96·12	319	71·52	253	94·40	789	96·93	313	87·92	237	96·34	119	97·54	286	96·30	2832	91·92
Dirty ..	4	1·79	12	3·88	127	28·48	15	5·60	25	3·07	43	12·08	9	3·66	3	2·46	11	3·70	249	8·08

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhonddda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations ..	11580	—	8021	—	11874	—	10779	—	12817	—	9235	—	13529	—	19530	—	20274	—	117639	—
Head—																				
Clean ..	10861	93.79	7565	94.32	11557	97.33	10629	98.61	11952	93.25	8950	96.91	12983	95.96	19330	98.97	19176	94.58	113003	96.06
Nits ..	705	6.09	443	5.52	307	2.59	140	1.30	854	6.66	274	2.97	526	3.89	199	1.02	1093	5.39	4541	3.86
Pediculi and sores	14	0.12	13	0.16	10	0.08	10	0.09	11	0.09	11	0.12	20	0.15	1	0.01	5	0.03	95	0.08
Body—																				
Clean ..	11577	99.97	7996	99.69	11839	99.71	10778	99.99	12797	99.84	9209	99.72	13519	99.93	19530	100.00	20251	99.89	117496	99.879
Dirty ..	3	0.03	25	0.31	35	0.29	1	0.01	20	0.16	26	0.28	7	0.05	—	—	21	0.10	138	0.117
Vermineous	—	—	—	—	—	—	—	—	—	—	—	—	3	0.02	—	—	2	0.01	5	0.004
Clothing—																				
Clean ..	11578	99.98	7993	99.65	11851	99.81	10758	99.81	12783	99.73	9209	99.72	13520	99.93	19528	99.99	20251	99.89	117471	99.86
Dirty ..	2	0.02	28	0.35	23	0.19	21	0.19	34	0.27	26	0.28	9	0.07	2	0.01	23	0.11	168	0.14
No. of re-examinations	939	—	744	—	1096	—	733	—	1551	—	787	—	410	—	461	—	1072	—	7793	—
Head—																				
Clean ..	482	51.33	200	26.88	389	35.49	288	39.29	925	59.64	321	40.79	230	56.10	218	47.29	295	27.52	3348	42.96
Nits ..	448	47.71	541	72.72	692	63.14	430	58.66	602	38.81	442	56.16	179	43.66	240	52.06	775	72.29	4349	55.81
Pediculi and sores	9	0.96	3	0.40	15	1.37	15	2.05	24	1.55	24	3.05	1	0.24	3	0.65	2	0.19	96	1.23
Body—																				
Clean ..	935	99.57	741	99.60	1024	93.43	723	98.64	1545	99.61	720	91.49	404	98.54	456	98.92	1065	99.35	7613	97.69
Dirty ..	4	0.43	3	0.40	72	6.57	10	1.36	6	0.39	67	8.51	6	1.46	5	1.08	7	0.65	180	2.31
Vermineous	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clothing—																				
Clean ..	938	99.89	736	98.92	1021	93.16	719	98.09	1532	98.77	720	91.49	404	98.54	456	98.92	1066	99.44	7592	97.42
Dirty ..	1	0.11	8	1.08	75	6.84	14	1.91	19	1.23	67	8.51	6	1.46	5	1.08	6	0.56	201	2.58

(IV) VISITS TO HOMES BY SCHOOL NURSES.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhonddda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total number of visits paid to homes	749	—	1,075	—	1,728	—	808	—	978	—	1,043	—	444	—	1,978	—	510	—	9,313	—

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.

PERIODIC INSPECTIONS (ENTRANTS).

(1) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	4	3	3	4	3	1	10	—	2	30
Eyes—(a) Vision	5	46	17	14	13	63	47	13	1	219
(b) Squint	10	10	11	—	8	6	25	14	27	111
(c) Other	4	—	2	1	3	1	8	11	3	33
Ears—(a) Hearing	5	1	1	5	2	3	18	4	2	41
(b) Otitis Media ..	4	—	1	1	—	—	5	—	1	12
(c) Other	1	1	—	—	1	—	1	—	3	7
Nose and throat	13	15	15	25	4	18	23	14	7	134
Speech	3	6	6	10	1	13	17	5	4	65
Lymphatic glands	6	—	—	—	—	—	5	6	—	17
Heart	8	3	5	—	2	—	5	—	3	26
Lungs	14	5	1	6	—	—	4	15	—	45
Developmental—(a) Hernia ..	5	2	—	—	—	2	2	—	—	11
(b) Other ..	2	—	2	2	—	—	1	1	—	8
Orthopaedic—(a) Posture ..	1	2	3	2	—	1	1	1	16	27
(b) Feet ..	84	29	19	66	43	36	42	21	164	504
(c) Other ..	52	10	19	42	13	9	36	48	45	274
Nervous System—(a) Epilepsy	—	2	—	1	—	—	2	—	2	7
(b) Other ..	—	—	—	2	—	—	—	—	—	2
Psychological—										
(a) Development	1	—	2	1	—	—	1	—	—	5
(b) Stability	—	—	—	3	—	—	2	—	—	5
Abdomen	1	1	—	—	—	1	1	1	—	5
Other	—	2	—	—	—	—	1	2	—	5
Totals	223	138	107	185	93	154	257	156	280	1,593

PART II—*continued.*TABLE A—*continued.*PERIODIC INSPECTIONS (ENTRANTS)—*continued.*

(II) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total.
Skin	50	37	47	45	13	78	11	54	73	408
Eyes—(a) Vision	6	49	1	4	11	70	5	31	8	185
(b) Squint	22	10	8	8	5	31	4	32	41	161
(c) Other	6	2	—	6	2	17	2	12	13	60
Ears—(a) Hearing	7	25	4	7	5	8	17	17	15	105
(b) Otitis Media ..	7	12	21	7	14	54	21	18	33	187
(c) Other	1	—	4	6	2	1	6	7	5	32
Nose and throat	124	128	100	147	66	224	74	277	181	1,321
Speech	17	20	30	25	11	31	18	48	26	226
Lymphatic glands	113	89	118	41	36	105	23	163	121	809
Heart	39	68	123	40	22	80	88	37	58	555
Lungs	62	64	68	72	32	99	44	98	61	600
Developmental—(a) Hernia ..	10	8	3	1	4	3	17	9	20	75
(b) Other ..	40	20	21	5	12	30	15	38	28	209
Orthopaedic—(a) Posture ..	5	20	8	3	1	10	9	2	32	90
(b) Feet ..	185	43	75	60	45	146	28	65	197	844
(c) Other ..	187	35	93	48	28	86	25	111	73	686
Nervous System—(a) Epilepsy	6	4	3	1	1	2	1	6	16	40
(b) Other ..	4	8	3	9	2	7	1	20	18	72
Psychological—										
(a) Development	4	6	3	6	6	9	—	9	19	62
(b) Stability	4	1	5	7	8	3	14	4	6	52
Abdomen	2	5	—	7	3	34	3	12	—	66
Other	2	4	4	7	4	4	6	15	9	55
Totals	903	658	742	562	333	1,132	432	1,085	1,053	6,900

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (LEAVERS).

(III) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	1	2	5	1	2	—	33	1	—	45
Eyes—(a) Vision	38	53	18	31	45	22	260	14	—	481
(b) Squint	9	2	4	2	1	—	19	4	—	41
(c) Other	3	2	—	—	2	—	3	14	—	24
Ears—(a) Hearing	—	7	—	1	—	—	5	—	—	13
(b) Otitis Media ..	—	2	—	—	2	—	2	1	—	7
(c) Other	1	—	—	1	3	—	1	—	—	6
Nose and throat	6	8	—	11	5	—	4	—	—	34
Speech	—	2	—	1	—	—	9	—	—	12
Lymphatic glands	1	—	—	3	1	—	—	1	—	6
Heart	6	3	1	—	3	—	9	—	—	22
Lungs	3	3	—	3	—	—	16	—	—	25
Developmental—(a) Hernia ..	—	—	—	1	—	—	2	—	—	3
(b) Other ..	1	—	—	—	1	—	—	—	—	2
Orthopaedic—(a) Posture ..	—	3	15	5	6	—	54	3	—	86
(b) Feet ..	11	2	4	16	56	1	42	9	—	141
(c) Other ..	7	7	5	8	26	—	99	5	—	157
Nervous System—(a) Epilepsy	—	—	—	—	—	—	3	—	—	3
(b) Other ..	—	—	—	—	—	—	4	—	—	4
Psychological—										
(a) Development	—	—	—	—	—	—	8	—	—	8
(b) Stability	—	—	—	1	1	—	6	—	—	8
Abdomen	—	—	—	1	—	—	6	—	—	7
Other	—	1	1	2	—	1	6	—	—	11
Totals	87	97	53	88	154	24	591	52	—	1,146

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (LEAVERS)—continued.

(IV) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	14	19	28	13	24	4	5	17	—	124
Eyes—(a) Vision	17	64	—	20	34	16	29	6	—	186
(b) Squint	3	9	1	2	3	3	—	3	—	24
(c) Other	—	18	—	3	4	—	—	12	—	37
Ears—(a) Hearing	5	12	—	6	15	2	7	13	—	60
(b) Otitis Media	—	21	2	23	3	3	9	7	—	68
(c) Other	—	4	—	3	5	—	—	2	—	14
Nose and throat	8	34	9	35	68	6	13	23	—	196
Speech	6	7	3	5	8	—	—	4	—	33
Lymphatic glands	6	31	12	11	18	—	11	6	—	95
Heart	7	40	29	31	20	8	28	13	—	176
Lungs	17	19	7	29	16	5	11	12	—	116
Developmental—(a) Hernia ..	3	—	1	—	1	—	—	2	—	7
(b) Other	11	8	10	4	6	—	—	1	—	40
Orthopaedic—(a) Posture ..	1	14	13	7	9	3	14	5	—	66
(b) Feet	13	16	15	17	25	7	19	5	—	117
(c) Other	27	21	26	19	62	3	13	10	—	181
Nervous System—(a) Epilepsy	1	2	—	2	3	—	1	—	—	9
(b) Other	—	5	—	—	5	2	2	2	—	16
Psychological—										
(a) Development	—	7	—	3	2	—	1	2	—	15
(b) Stability	—	3	1	3	—	—	11	—	—	18
Abdomen	—	3	—	2	6	6	9	2	—	28
Other	1	12	3	30	7	3	4	12	—	72
Totals	140	369	160	268	344	71	187	159	—	1,698

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (OTHERS).

(v) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	2	—	2	1	—	—	—	—	—	5
Eyes—(a) Vision	5	2	4	9	—	—	12	3	6	41
(b) Squint	1	—	—	—	—	—	3	2	—	6
(c) Other	1	—	—	—	—	—	—	6	4	11
Ears—(a) Hearing	—	—	—	—	—	—	4	—	8	12
(b) Otitis Media	2	—	—	—	—	—	2	—	—	4
(c) Other	—	—	—	—	—	—	1	—	4	5
Nose and throat	7	—	1	1	—	—	—	3	15	27
Speech	—	—	1	—	—	—	—	3	3	7
Lymphatic glands	1	1	—	—	—	—	—	1	—	3
Heart	—	1	—	—	—	—	—	—	2	3
Lungs	3	—	—	—	—	—	1	—	10	14
Developmental—(a) Hernia	—	—	—	—	—	—	—	—	—	—
(b) Other	1	—	—	—	—	—	—	1	—	2
Orthopaedic—(a) Posture	—	—	3	—	—	—	1	—	—	4
(b) Feet	8	—	2	1	—	—	3	3	35	52
(c) Other	5	—	1	1	—	—	6	8	—	21
Nervous System—(a) Epilepsy	—	1	—	—	—	—	—	—	—	1
(b) Other	—	—	—	—	—	—	—	1	—	1
Psychological—										
(a) Development	2	—	—	—	—	—	—	—	—	2
(b) Stability	—	—	—	—	—	—	—	—	—	—
Abdomen	—	—	—	1	—	—	—	—	—	1
Other	—	—	—	—	—	—	—	—	—	—
Totals	38	5	14	14	—	—	33	31	87	222

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (OTHERS)—continued.

(VI) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	2	3	5	2	—	—	1	11	32	56
Eyes—(a) Vision	8	6	—	1	—	—	3	6	40	64
(b) Squint	4	2	—	1	—	—	1	18	—	26
(c) Other	—	—	—	—	—	—	—	13	28	41
Ears—(a) Hearing	—	2	1	2	—	—	4	10	30	49
(b) Otitis Media	1	—	—	3	—	—	2	5	—	11
(c) Other	1	—	1	—	—	—	—	2	30	34
Nose and throat	5	5	10	12	—	—	14	64	32	142
Speech	1	—	4	—	—	—	4	13	21	43
Lymphatic glands	2	1	3	5	—	—	1	45	35	92
Heart	—	2	10	3	—	—	8	13	29	65
Lungs	1	3	7	1	—	—	2	19	52	85
Developmental—(a) Hernia ..	—	—	1	—	—	—	4	—	—	5
(b) Other	1	2	2	—	—	—	6	2	—	13
Orthopaedic—(a) Posture ..	—	5	4	2	—	—	1	1	—	13
(b) Feet	—	2	14	—	—	—	10	9	77	112
(c) Other	—	—	7	3	—	—	4	22	—	36
Nervous System—(a) Epilepsy ..	—	—	1	—	—	—	2	—	10	13
(b) Other	—	—	1	1	—	—	—	2	8	12
Psychological—										
(a) Development	—	—	1	—	—	—	1	3	3	8
(b) Stability	—	1	1	1	—	—	2	—	—	5
Abdomen	—	—	—	1	—	—	—	2	8	11
Other	—	—	3	3	—	—	1	9	—	16
Totals	26	34	76	41	—	—	71	269	435	952

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (TOTALS).

(VII) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	7	5	10	6	5	1	43	1	2	80
Eyes—(a) Vision	48	101	39	54	58	85	319	30	7	741
(b) Squint	20	12	15	2	9	6	47	20	27	158
(c) Other	8	2	2	1	5	1	11	31	7	68
Ears—(a) Hearing	5	8	1	6	2	3	27	4	10	66
(b) Otitis Media ..	6	2	1	1	2	—	9	1	1	23
(c) Other	2	1	—	1	4	—	3	—	7	18
Nose and throat	26	23	16	37	9	18	27	17	22	195
Speech	3	8	7	11	1	13	26	8	7	84
Lymphatic glands	8	1	—	3	1	—	5	8	—	26
Heart	14	7	6	—	5	—	14	—	5	51
Lungs	20	8	1	9	—	—	21	15	10	84
Developmental—(a) Hernia ..	5	2	—	1	—	2	4	—	—	14
(b) Other	4	—	2	2	1	—	1	2	—	12
Orthopaedic—(a) Posture ..	1	5	21	7	6	1	56	4	16	117
(b) Feet	103	31	25	83	99	37	87	33	199	697
(c) Other	64	17	25	51	39	9	141	61	45	452
Nervous System—(a) Epilepsy	—	3	—	1	—	—	5	—	2	11
(b) Other	—	—	—	2	—	—	4	1	—	7
Psychological—										
(a) Development	3	—	2	1	—	—	9	—	—	15
(b) Stability	—	—	—	4	1	—	8	—	—	13
Abdomen	1	1	—	2	—	1	7	1	—	13
Other	—	3	1	2	—	1	7	2	—	16
Totals	348	240	174	287	247	178	881	239	367	2,96

PART II—*continued.*TABLE A—*continued.*PERIODIC INSPECTIONS (TOTALS)—*continued.*

(VIII) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	66	59	80	60	37	82	17	82	105	588
Eyes—(a) Vision	31	119	1	25	45	86	37	43	48	435
(b) Squint	29	21	9	11	8	34	5	53	41	211
(c) Other	6	20	—	9	6	17	2	37	41	138
Ears—(a) Hearing	12	39	5	15	20	10	28	40	45	214
(b) Otitis Media	8	33	23	33	17	57	32	30	33	266
(c) Other	2	4	5	9	7	1	6	11	35	80
Nose and throat	137	167	119	194	134	230	101	364	213	1,659
Speech	24	27	37	30	19	31	22	65	47	302
Lymphatic glands	121	121	133	57	54	105	35	214	156	996
Heart	46	110	162	74	42	88	124	63	87	796
Lungs	80	86	82	102	48	104	57	129	113	801
Developmental—(a) Hernia ..	13	8	5	1	5	3	21	11	20	87
(b) Other	52	30	33	9	18	30	21	41	28	262
Orthopaedic—(a) Posture ..	6	39	25	12	10	13	24	8	32	169
(b) Feet	198	61	104	77	70	153	57	79	274	1,073
(c) Other	214	56	126	70	90	89	42	143	73	903
Nervous System—(a) Epilepsy	7	6	4	3	4	2	4	6	26	62
(b) Other	4	13	4	10	7	9	3	24	26	100
Psychological—										
(a) Development	4	13	4	9	8	9	2	14	22	85
(b) Stability	4	5	7	11	8	3	27	4	6	75
Abdomen	2	8	—	10	9	40	12	16	8	105
Other	3	16	10	40	11	7	11	36	9	143
Totals	1,069	1,061	978	871	677	1,203	690	1,513	1,488	9,550

PART II—continued.

TABLE B.—SPECIAL INSPECTIONS.

(I) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or Disease	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	4	2	3	—	1	1	5	—	10	26
Eyes—(a) Vision	17	14	9	3	12	6	41	—	17	119
(b) Squint	3	—	4	1	4	—	4	—	5	21
(c) Other	5	3	1	—	1	1	4	16	2	33
Ears—(a) Hearing	6	8	5	2	9	3	9	10	2	54
(b) Otitis Media	2	2	1	1	3	1	2	—	5	17
(c) Other	1	—	1	2	2	—	1	—	3	10
Nose and throat	44	37	9	7	12	30	34	37	18	228
Speech	1	7	7	4	4	2	16	6	11	58
Lymphatic glands	15	2	—	—	—	—	1	18	1	37
Heart	9	—	6	2	3	3	9	—	—	32
Lungs	18	5	11	5	1	1	7	5	8	61
Developmental—(a) Hernia ..	—	—	—	—	—	—	2	2	—	4
(b) Other	15	2	4	—	—	2	5	—	—	28
Orthopaedic—(a) Posture ..	1	1	2	—	—	1	5	—	12	22
(b) Feet	10	2	9	—	4	2	19	4	58	108
(c) Other	8	1	55	—	6	—	16	9	23	118
Nervous System—(a) Epilepsy	2	2	20	—	2	—	4	2	5	37
(b) Other	5	7	1	—	—	—	3	1	—	17
Psychological—										
(a) Development	7	88	84	1	—	2	65	5	—	252
(b) Stability	17	2	5	—	1	1	4	—	—	30
Abdomen	3	2	1	—	2	—	—	—	2	10
Other	—	—	4	—	—	—	8	4	—	16
Totals	193	187	242	28	67	56	264	119	182	1,338

PART II—continued.

TABLE B.—SPECIAL INSPECTIONS—continued.

(II) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	8	13	13	1	2	7	—	10	23	77
Eyes—(a) Vision	18	46	2	1	6	10	2	5	17	107
(b) Squint	13	6	1	—	3	3	—	3	8	37
(c) Other	3	2	1	1	2	4	—	3	6	22
Ears—(a) Hearing	9	29	5	1	19	17	2	17	109	208
(b) Otitis Media	2	11	5	1	1	19	1	—	7	47
(c) Other	2	2	—	—	2	1	—	1	5	13
Nose and throat	48	94	33	5	35	67	38	48	28	396
Speech	20	9	12	3	11	7	7	9	16	94
Lymphatic glands	11	33	17	—	12	16	—	16	7	112
Heart	20	29	29	4	16	14	21	18	37	188
Lungs	47	60	12	—	26	33	8	38	51	275
Developmental—(a) Hernia ..	—	5	1	—	1	2	5	1	—	15
(b) Other	28	13	8	—	4	24	4	10	4	95
Orthopaedic—(a) Posture ..	1	10	7	—	1	6	—	2	1	28
(b) Feet	12	19	27	1	8	8	—	2	22	99
(c) Other	29	10	28	2	8	10	4	33	27	151
Nervous System—(a) Epilepsy	7	3	5	1	5	1	—	13	5	40
(b) Other	3	19	3	2	2	9	—	12	10	60
Psychological—										
(a) Development	28	45	31	—	23	6	9	67	19	228
(b) Stability	21	—	6	2	6	4	6	15	1	61
Abdomen	3	10	2	—	9	8	1	1	15	49
Other	7	9	—	3	9	2	9	24	20	83
Totals	340	477	248	28	211	278	117	348	438	2,485

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

Disease or Defect	Number of cases known to have been dealt with									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
External and other, excluding errors of refraction and squint	48	8	—	8	—	26	—	—	—	90
Errors of refraction (including squint)	680	986	547	1	944	946	881	696	17	5,698
Total	728	994	547	9	944	972	881	696	17	5,788
Number of pupils for whom spectacles were prescribed ..	399	235	285	3	371	253	422	323	4	2,295

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases known to have been dealt with									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	1	5	9	3	7	36	10	1	27	99
(b) For adenoids and chronic tonsillitis	61	134	210	45	139	113	327	75	374	1,478
(c) For other nose and throat conditions	4	9	32	13	10	—	18	—	—	86
Received other forms of treatment	57	14	24	—	—	46	5	3	—	149
Total	123	162	275	61	156	195	360	79	401	1,812
Total number of pupils in schools who are known to have been provided with hearing aids										
(a) in 1961	1	1	—	—	5	1	3	2	1	14
(b) in previous years ..	10	13	13	3	23	9	6	6	2	85

PART III—continued.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
a) No. of pupils known to have been treated at clinics or out-patient departments	568	322	1,098	641	409	355	589	473	606	5,061
b) No. of pupils known to have been treated at school for postural defects	—	—	—	—	—	—	—	—	165	165
Total	568	322	1,098	641	409	355	589	473	771	5,226

TABLE D.—DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table D of Part I).

Disease or Defect	Number of cases known to have been treated									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm—(a) Scalp ..	—	2	—	—	—	—	—	—	—	2
(b) Body ..	—	—	—	—	—	—	2	1	—	3
Scabies	—	3	—	—	—	—	—	2	—	5
Impetigo	1	3	3	2	—	—	—	1	—	10
Other skin diseases	32	—	23	3	9	4	—	1	—	72
Total	33	8	26	5	9	4	2	5	—	92

PART III—*continued.*

TABLE E.—CHILD GUIDANCE TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	40	10	15	32	15	36	10	8	47	213

TABLE F.—SPEECH THERAPY.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	—	67	185	127	—	89	123	121	—	712

PART III—continued.

TABLE G.—OTHER TREATMENT GIVEN.

No. of cases known to have been dealt with	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
a) Pupils with minor ailments	310	—	—	156	—	—	—	6	17	489
b) Pupils who received convalescent treatment under School Health Service arrangements ..	—	—	—	—	—	—	—	—	—	—
c) Pupils who have received B.C.G. vaccination ..	631	1,362	1,212	343	546	650	1,440	587	1,100	7,871
d) Other than (a), (b), and (c) above—										
(i) Infective and Parasitic Diseases	16	—	—	—	—	—	5	1	20	42
(ii) Allergic Endocrine System Metabolic and Nutritional Diseases ..	2	—	—	—	—	—	4	7	—	13
(iii) Diseases of the Nervous System and Sense Organs	1	—	1	—	—	—	—	11	—	13
(iv) Diseases of the Circulatory System	3	6	11	—	16	—	11	4	—	51
(v) Diseases of the Respiratory System	6	11	11	—	20	66	10	5	—	129
(vi) Diseases of the Digestive System	3	1	—	—	24	—	10	1	56	95
(vii) Diseases of the Genito-Urinary System ..	15	—	6	—	34	—	9	—	42	106
(viii) Accidents and Injuries ..	22	1	—	—	93	—	4	6	96	222
(ix) Neoplasms	1	—	—	—	—	—	—	—	—	1
(x) Musculatory system ..	—	—	—	—	—	—	—	—	—	—
(xi) Epilepsy	—	—	—	—	—	—	—	—	24	24
(xii) Others	—	—	—	—	—	170	4	11	385	570
Totals ..	1,010	1,381	1,241	499	733	886	1,497	639	1,740	9,626

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(1) No. of pupils inspected by the Authority's dental officers—										
(a) At periodic inspec- tions	—	—	814	3,810	—	257	194	6,348	—	11,423
(b) As specials	1,316	1,144	1,759	127	460	1,196	862	297	973	8,134
Total (1) ..	1,316	1,144	2,573	3,937	460	1,453	1,056	6,645	973	19,557
(2) No. found to require treat- ment	1,316	1,062	2,304	1,952	455	1,152	899	5,227	973	15,340
(3) No. offered treatment ..	1,316	2,042	2,613	1,944	446	1,109	880	5,227	1,296	16,873
(4) No. actually treated ..	1,305	1,248	1,859	1,153	394	1,048	769	1,682	973	10,431
(5) No. of attendances made by pupils for treatment, including those recorded under heading 11 (h) ..	4,328	4,352	8,461	4,858	2,007	4,652	3,011	6,562	1,101	39,332
(6) Half-days devoted to—										
Periodic (school) inspec- tion	—	—	7	40	—	4	2	83	—	136
Treatment	443	378	899	627	244	525	437	670	73	4,296
Total (6) ..	443	378	906	667	244	529	439	753	73	4,432
(7) Filling—										
Permanent teeth ..	635	409	2,048	1,349	581	1,546	1,109	1,387	—	9,064
Temporary teeth ..	120	122	215	41	84	87	158	108	—	935
Total (7) ..	755	531	2,263	1,390	665	1,633	1,267	1,495	—	9,999
(8) No. of teeth filled—										
Permanent	554	401	1,815	1,301	521	1,514	920	1,293	—	8,319
Temporary	120	122	214	41	77	87	147	108	—	916
Total (8) ..	674	523	2,029	1,342	598	1,601	1,067	1,401	—	9,235
(9) Extractions—										
Permanent teeth ..	696	1,079	1,030	808	438	452	559	596	1,288	6,946
Temporary teeth ..	1,281	2,074	2,631	1,900	523	1,561	810	1,757	510	13,047
Total (9) ..	1,977	3,153	3,661	2,708	961	2,013	1,369	2,353	1,798	19,993
(10) Administrations of general anaesthetics for extractions	—	1,469	1,084	845	193	471	436	854	939	6,291

PART IV—continued.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY—continued.

Analysis of Work	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
1) Orthodontics—										
(a) Cases commenced during the year ..	21	4	28	27	19	22	31	37	—	189
(b) Cases carried forward from previous year..	32	1	44	74	26	2	32	34	21	266
(c) Cases completed during the year ..	8	1	20	26	9	10	7	4	8	93
(d) Cases discontinued during the year ..	7	1	30	1	5	3	24	4	5	80
(e) Pupils treated with appliances	17	4	72	26	26	24	45	29	—	243
(f) Removable appliances fitted	8	4	28	10	29	22	39	35	—	175
(g) Fixed appliances fitted	—	—	10	16	—	—	4	—	—	30
(h) Total attendances ..	84	26	624	390	156	177	310	391	22	2,180
2) Number of pupils supplied with artificial teeth ..	29	36	44	32	14	34	43	35	—	267
3) Other operations—										
Permanent teeth ..	784	83	2,202	1,913	530	520	506	806	—	7,344
Temporary teeth ..	42	6	210	57	8	22	94	152	7	598
Total (13)	826	89	2,412	1,970	538	542	600	958	7	7,942

PART V.

RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING
IN BOARDING HOMES.

TABLE A.
NUMBER OF HANDICAPPED PUPILS NEWLY ASSESSED AS NEEDING SPECIAL
EDUCATIONAL TREATMENT AT SPECIAL SCHOOLS OR IN BOARDING HOMES

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	1	1	1	—	—	—	—	—	3
B. Partially sighted	—	—	1	—	—	—	—	—	2	3
C. Deaf	—	—	—	—	—	—	—	—	1	1
D. Partially deaf	—	1	—	—	—	—	—	—	—	1
E. Delicate	1	1	—	—	—	—	—	1	—	3
F. Physically handicapped ..	2	2	1	—	—	1	4	—	—	10
G. Educationally subnormal	22	12	14	6	1	1	27	2	—	85
H. Maladjusted	—	—	3	—	3	2	3	—	1	12
I. Epileptic	—	—	—	1	1	2	—	—	—	4
J. Speech Defects	—	—	1	—	—	—	1	—	—	2
Total	25	17	21	8	5	6	35	3	4	124

TABLE B (i)
OF THE CHILDREN INCLUDED AT "A"
NUMBER OF HANDICAPPED PUPILS NEWLY PLACED IN
SPECIAL SCHOOLS OR BOARDING HOMES DURING THE YEAR.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	1	—	—	—	—	—	—	—	1
B. Partially sighted	—	—	1	—	—	—	—	—	1	2
C. Deaf	—	—	—	—	—	—	—	—	1	1
D. Partially deaf	—	1	—	—	—	—	—	—	—	1
E. Delicate	1	1	—	—	—	—	—	1	—	3
F. Physically handicapped ..	—	—	—	—	—	—	4	—	—	4
G. Educationally subnormal	20	—	—	—	—	—	10	—	—	30
H. Maladjusted	—	—	3	—	1	1	3	—	1	9
I. Epileptic	—	—	—	—	1	2	—	—	—	3
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	21	3	4	—	2	3	17	1	3	54

PART V—continued.

TABLE B (ii)
NUMBER OF HANDICAPPED PUPILS ASSESSED DURING PREVIOUS YEARS WHO WERE
NEWLY PLACED IN SPECIAL SCHOOLS OR BOARDING HOMES DURING THE YEAR.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	1	—	—	—	—	—	—	1	2
Partially sighted	—	1	—	—	—	—	—	—	2	3
Deaf	—	—	—	—	—	—	—	—	—	—
Partially deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	1	—	—	—	—	—	—	—	1
Physically handicapped ..	—	1	—	1	—	—	—	1	—	3
Educationally subnormal	9	2	1	2	—	2	6	—	—	22
Maladjusted	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—
Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	9	6	1	3	—	2	6	1	3	31

TABLE C (i)
NUMBER OF HANDICAPPED PUPILS REQUIRING PLACES IN SPECIAL DAY SCHOOLS
ON 20TH JANUARY, 1962 (INCLUDING ANY SUCH UNPLACED CHILDREN WHO ARE
TEMPORARILY RECEIVING HOME TUITION).

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially sighted	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	—	—	—	—	—	—	—
Physically handicapped ..	—	—	—	—	—	—	—	—	—	—
Educationally subnormal	5	2	—	—	10	—	15	1	—	33
Maladjusted	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—
Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	5	2	—	—	10	—	15	1	—	33

PART V—continued.

TABLE C (ii).
 NUMBER OF HANDICAPPED PUPILS REQUIRING PLACES IN SPECIAL BOARDING SCHOOLS
 ON 20TH JANUARY, 1962 (INCLUDING ANY SUCH UNPLACED CHILDREN WHO ARE
 TEMPORARILY RECEIVING HOME TUITION).

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially sighted	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	1	—	—	—	—	—	—	1
D. Partially deaf	—	1	—	—	—	—	1	—	—	2
E. Delicate	1	2	3	—	—	1	—	—	—	7
F. Physically handicapped ..	—	—	3	—	1	2	—	1	1	8
G. Educationally subnormal	5	55	80	14	3	2	9	12	10	190
H. Maladjusted	—	—	—	4	2	—	—	1	—	7
I. Epileptic	—	—	—	1	—	—	—	—	—	1
J. Speech Defects	—	—	—	—	—	—	1	—	—	1
Total	6	58	87	19	6	5	11	14	11	217

TABLE D (i).
 NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF MAINTAINED
 SPECIAL SCHOOLS AS DAY PUPILS ON 20TH JANUARY, 1962.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	1	—	—	—	1	—	—	2
B. Partially sighted	—	—	1	—	—	—	—	—	—	1
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially deaf	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Physically handicapped ..	—	—	—	—	—	—	17	—	—	17
G. Educationally subnormal	90	—	—	—	—	—	50	—	—	140
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	90	—	2	—	—	—	68	—	—	160

PART V—continued.

TABLE D (ii).
NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF MAINTAINED
SPECIAL SCHOOLS AS BOARDING PUPILS ON 20TH JANUARY, 1962.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	2	6	2	2	2	2	1	5	22
Partially sighted	—	3	6	—	2	1	3	3	7	25
Deaf	1	1	1	—	—	—	—	—	2	5
Partially deaf	—	1	—	—	—	—	—	—	2	3
Delicate	3	2	—	1	—	1	—	1	3	11
Physically handicapped ..	6	13	11	4	5	5	4	4	11	63
Educationally subnormal	3	18	28	15	8	6	6	6	6	96
Maladjusted	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—
Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	13	40	52	22	17	15	15	15	36	225

TABLE D (iii).
NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF NON-MAINTAINED
SPECIAL SCHOOLS AS BOARDING PUPILS ON 20TH JANUARY, 1962.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	1	1	1	1	—	2	—	1	7
Partially sighted	—	—	—	—	—	—	—	—	1	1
Deaf	2	5	4	6	2	5	5	1	2	32
Partially deaf	1	1	1	—	3	1	1	2	—	10
Delicate	—	1	—	—	—	—	—	—	—	1
Physically handicapped ..	—	—	—	—	—	—	—	—	—	—
Educationally subnormal	—	—	3	1	—	1	1	—	—	6
Maladjusted	—	—	2	—	—	—	—	—	—	2
Epileptic	—	—	1	—	1	3	1	—	—	6
Speech Defects	—	—	—	—	—	—	—	—	1	1
Total	3	8	12	8	7	10	10	3	5	66

PART V—continued.

TABLE D (iv).

NUMBER OF HANDICAPPED PUPILS WHO WERE ON THE REGISTERS OF
INDEPENDENT SCHOOLS UNDER ARRANGEMENTS MADE BY THE AUTHORITY
ON 20TH JANUARY, 1962.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially sighted	—	—	—	—	—	—	—	—	—	—
C. Deaf	1	1	1	—	—	1	1	—	—	5
D. Partially deaf	—	—	—	—	—	2	—	—	1	3
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Physically handicapped ..	—	—	—	1	—	—	1	—	—	2
G. Educationally subnormal	1	—	—	—	—	—	1	—	—	2
H. Maladjusted	—	—	—	—	1	—	—	—	—	1
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	2	1	1	1	1	3	3	—	1	13

TABLE D (v)

NUMBER OF HANDICAPPED PUPILS BOARDED IN HOMES ON 20TH JANUARY, 1962.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially sighted	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially deaf	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Physically handicapped ..	—	—	—	—	—	—	—	—	—	—
G. Educationally subnormal	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	1	2	2	1	—	3	—	1	10
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	—	1	2	2	1	—	3	—	1	10

PART V—continued.

TABLE E.

NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS
MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944, ON 20TH JANUARY, 1962.

(I) IN HOSPITALS.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially sighted	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	—	—	—	—	—	—	—
Physically handicapped ..	—	1	1	—	—	—	—	—	—	2
Educationally subnormal	—	—	—	—	—	—	—	—	—	—
Maladjusted	—	—	1	—	1	—	1	—	—	3
Epileptic	—	—	—	—	—	—	—	—	—	—
Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	—	1	2	—	1	—	1	—	—	5

(II) AT HOME.

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially sighted	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	1	1	2	—	—	—	4
Physically handicapped ..	4	2	3	3	2	6	1	3	2	26
Educationally subnormal	—	—	—	—	—	—	—	—	—	—
Maladjusted	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—
Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	4	2	3	4	3	8	1	3	2	30

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY.

Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
ABERDARE AND MOUNTAIN ASH DIVISION. Rock Grounds Clinic, Aberdare	Mondays, Tuesdays, and Wednesdays.	Periodically as required. Consultant—last Thursday morning in each month.	Periodically as required. Consultant—quarterly.	—	<i>Child Guidance</i> : Tuesday mornings, fortnightly.
Aberdare Road, Mountain Ash	Monday afternoons, Tuesday afternoons except second Tuesday in each month when morning clinic held, Friday mornings.	Periodically as required.	—	—	—
Walter Street, Abercynon ..	Wednesday afternoons.	Periodically as required.	—	—	<i>Minor Ailments</i> : Wednesday mornings.
Avondale Street, Ynysboeth ..	—	—	Periodically as required. Consultant — once quarterly.	—	<i>Minor Ailments</i> : Tuesday mornings.
Penrhiwceiber Secondary School	—	—	—	—	<i>Minor Ailments</i> : Thursday mornings.
CAERPHILLY AND GELLIGAER DIVISION. Old Cottage Homes, Park Road, Bargoed	Periodically as required.	Periodically as required.	—	Wednesdays.	—
Tonyfelin Welsh Baptist Chapel Schoolroom, Bedwas Road, Caerphilly	Periodically as required.	Periodically as required.	—	—	—
Beulah Chapel Schoolroom, Abertridwr	—	—	—	—	—
County Offices, Caerphilly Road, Ystrad Mynach	Periodically as required.	Periodically as required.	Thursdays.	—	—
Penyrheol Clinic, Treceynydd Brynceilyn, Nelson ..	Periodically as required.	—	—	Thursdays.	—
MID-GLAMORGAN DIVISION. County Council Clinic, Quarella Road, Bridgend	Monday mornings, Tuesdays, Wednesdays and Fridays, and Saturday mornings.	Mondays and Tuesdays.	Wednesdays — Consultant quarterly.	—	Audiology : Saturday mornings.
County Council Clinic, Plasnewydd School, Maesteg	Monday, Tuesday, and Wednesday afternoons, Thursdays.	As required.	One Thursday monthly.	—	—
M. & C.W. Clinic, Park Avenue, Ogmore Vale	Monday, Tuesday and Wednesday mornings.	—	—	—	—
M. & C.W. Clinic, Alexandra Road, Pontycymer	Thursday mornings and Friday mornings.	—	—	—	—
M. & C.W. Clinic, South Place, Porthcawl	Monday afternoons and Wednesdays.	—	—	—	—
M. & C.W. Clinic, Church Street, Maesteg	—	—	—	Friday and Saturday mornings.	—

Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
NEATH AND DISTRICT DIVISION. M. & C.W. Clinic, Mary Street, Seven Sisters	Fridays.	As required.	—	Friday mornings.	—
Llangatwg County Secondary School, Cadoxton, Neath	As required.	—	—	—	—
School Clinic, Dyfed Road, Neath	—	As required.	Monday fortnightly, also when required.	Thursdays. Friday afternoons. Saturday mornings.	<i>Minor Ailments</i> : Tuesday afternoons. Friday mornings. U.V.R.: Tuesday mornings. <i>Child Guidance</i> : Tuesday afternoons and Wednes- days.
M. & C.W. Clinic, Addoldy Road, Glynnneath School Clinic, Hunter Street, Briton Ferry	Mondays and Tuesdays. Tuesdays, Wednesdays, Thursdays, and Friday mornings during school terms.	When required. When required.	— —	— —	— <i>Minor Ailments</i> : Wednes- day mornings. Friday afternoons.
M. & C.W. Clinic, Cefn Parc, Skewen	Mondays and Thursdays, weekly; Wednesday after- noons fortnightly.	As required.	—	—	—
PONTYPRIDD AND LLANTRISANT DIVISION. Central Clinic, Ynysyngharad Park, Pontypridd	Thursdays.	As required.	Alternate Fridays.	—	—
County Council Clinic, School Street, Tonyrefail	Tuesdays.	As required.	—	—	—
School Clinic, Thompson Street, Ynysybwl	—	—	—	—	—
Pontshonmorton Clinic, Merthyr Road, Pontypridd	—	—	—	—	—
Mount Pleasant, Beddau	—	As required.	—	—	—
Ash Square, Rhydyfelin	—	As required.	—	—	—
Talbot Green	—	As required.	—	—	—
County Council Clinic, Gelliarael Road, Gillaeh Goch	Wednesday afternoons. —	—	—	—	—

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—continued.

Clinic address	Type of Clinic and Days held				Others
	Dental	Refraction	Orthopaedic	Speech Therapy	
PORT TALBOT AND GLYNCORRWG DIVISION. Council Offices, Talbach, Port Talbot The Clinic, Pendarves Street, Aberavon Ynys Street, Port Talbot .. Depot Road, Cwmaxon .. Villiers Road, Blaengwynfi .. Council Offices, Cymmer .. Dew Road, Sandfields, Port Talbot	Mondays and Tuesdays. Thursday mornings. Monday mornings. — Wednesdays mornings. Alternate Wednesday mornings. Wednesday afternoons and alternate Wednesday mornings. Thursdays and Fridays.	As required. As required. — As required. — As required. As required. As required.	— — One Monday per month plus session when specialist visits. — — — — —	Tuesdays. — — — — — — Wednesdays.	— — — — — — — —
SOUTH - EAST GLAMORGAN DIVISION. Public Health Centre, Woodlands Road, Barry Church Road, Cadoxton, Barry "Beecroft," 112, Stanwell Road, Penarth Bishops Road, Whitechurch .. Wyndham Street, Barry Dock	Tuesday and Wednesday afternoons Thursday afternoons. Fridays. — — —	As required. — As required. As required. —	— — Alternate Tuesdays. As required. Tuesdays.	— Alternate Monday mornings. Tuesdays weekly. Fridays. Alternate Mondays, Saturdays weekly. —	— — — — —
WEST GLAMORGAN DIVISION. West Street, Gorsemon .. Infants' School, Pontardawe .. Welfare Hall, Gwauncaegurwen Secondary School, Pontardulais Junior Mixed and Infants' School, Bishopston .. Welfare Hall, Penclawdd .. Junior Mixed School, Clvdach ..	As required. As required. Thursdays. As required. As required. Monday afternoons. As required.	As required. As required. — As required. — — As required.	Friday mornings and Wednesday, once a month. One Friday morning and one Friday afternoon per month. — — — — —	Tuesday and Wednesday weekly. Mondays, Tuesday afternoons fortnightly. — — — — —	— — — — — — —

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—continued.

Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
RHONDA EXCEPTED DISTRICT. Welfare Centre, Ynyswen, Treorchy	—	—	Tuesdays.	—	—
Welfare Centre, Trafalgar Terrace, Ystrad	Wednesday afternoons	—	Wednesdays.	—	<i>Child Guidance</i> : Tuesday mornings fortnightly.
Carnegie Welfare Centre, Trealaw	Thursday afternoons fortnightly.	—	Mondays, Friday afternoons and Saturday mornings. Specialist—as required.	—	—
Welfare Centre, Hendrecafn Road, Penygraig	—	—	—	—	—
Welfare Centre, Ynys Villas, Ynysir Road, Ynysir	—	—	—	—	—
Welfare Centre, Oakland Terrace, Ferndale	Thursday afternoons fortnightly.	—	Thursdays.	—	—
Welfare Centre, Courthouse, Tonypandy	—	—	—	—	—

Other miscellaneous examinations of a non-specialist nature are held at the above clinics as required.

